



**PLAIN LOCAL SCHOOL DISTRICT
LEGAL IMMUNIZATION EXEMPTION
PER OHIO STATUTE 3313.671 (EXEMPTIONS)**

**Religious, Good Cause, and Medical Exemptions Form
Amended Substitute Bill No 282 Ohio Revised Code
Sections 3313.671 Part (4) and (5)**

Section 3313.671, part (4): A pupil who presents a written statement from their parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Section 3313.671, part (5): A child whose physician certifies in writing that such immunizations against any disease is medically contraindicated is not required to be immunized against that disease. This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against mumps, rubeola, rubella, varicella, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis, and meningococcal disease of the pupils under its jurisdiction.

I understand that the immunization law permits me to sign a waiver on my child taking the immunization.

I hereby object to and request the school to waive the circled immunization(s) below for my child:

DTaP (<i>Diphtheria, Tetanus, Pertussis</i>)	Hepatitis	Meningitis
MMR (<i>Measles, Mumps, Rubella</i>)	Varicella	Tdap
	Polio	

Child's Name: _____

Religious: List name of denomination: _____

Good Cause: Please explain:

Medical Reason: You must have a signed statement from your physician stating the condition and attach it to this form.

I further understand that during the course of an outbreak of any of the aforementioned vaccine-preventable diseases that the student named here is subject to exclusion from school for the duration of the outbreak.

This action is necessary not only to protect the student, but the remainder of the students and faculty of the school.

Parent/Guardian Signature: _____

Address: _____ Date: _____