

Child's Name: _____

DOB: _____

Henry County School Immunization Exemption

Per Ohio Statute 3313.671, Part B (4): A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized.

Section 3313.671 Part B (5): A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease.

In the event of a disease outbreak, a child exempted from Ohio school immunization requirements may be excluded from school for the duration of the outbreak, both for his/her own protection and for the protection of others. Please check the box(es) below regarding all vaccine-preventable diseases for which an exemption is claimed.

- Diphtheria (DTaP, Tdap, Td)
- Tetanus (DTaP, Tdap, Td)
- Pertussis (Whooping Cough) (DTaP, Tdap)
- Measles (MMR)
- Mumps (MMR)
- Rubella (German Measles) (MMR)
- Polio
- Hepatitis B
- Meningococcal
- Varicella (Chickenpox)
 - Varicella Disease History: My child has had chickenpox, but was not diagnosed by a licensed healthcare professional

Please check which exemption is applicable:

MEDICAL (This exemption requires the signature of a licensed physician).

As the child's physician, I certify that the physical condition of this child is such that the immunization(s) checked above would endanger the health of the child.

- This medical exemption is permanent.
- This medical exemption is temporary. Duration of temporary exemption: ____/____/____

I hereby request that this child be exempted from the Immunization Requirements for Ohio School Children (ORC Section 3313.671) due to a medical condition for which immunizations are contraindicated.

Name of Physician (PRINT)

Signature of Physician

Date

As the child's parent/guardian, I understand that in the event of a disease outbreak, my child may be excluded from school for the duration of the outbreak, both for his/her own protection, and for the protection of others. I am aware that my child may contract a vaccine-preventable disease.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date

