

Immunization Exemption Per Ohio Statute 3313.671
Religious, Good Cause and Medical Exemption Form

Child's Name _____ Grade _____

As required under the compulsory Immunization Law (Ohio Revised Code, Section 3313.671), I, the parent/legal guardian of the above named student, hereby signify by my signature that I object for the reason stated below to the immunization of my child against the following disease(s):

- | | |
|---|--|
| <input type="checkbox"/> Polio | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> MMR (Measles/Mumps/Rubella) | <input type="checkbox"/> Meningococcal |

Reason:

- Medical Reason: Must attach a signed statement from child's physician stating the related medical condition.
- Reasons of Conscience (including religious convictions)

Has Had the Natural Disease(s) of: (Check those that apply and supply a date)

- Natural Rubeola Date: _____
- Natural Mumps Date: _____
- Natural Chicken Pox Date: _____

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

Parent/Guardian Signature: _____ Date: _____