

**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 |

*(Check each vaccine that your child will not be receiving)*

**Reason:**

- Medical Reason: Must attach a signed statement from the 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: \_\_\_\_\_