

State of Ohio, Van Wert County, School Age Immunization Exemption Form

Name of Child: _____ Date: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Mother's Maiden Name: _____

Guardian's Name: _____

The Ohio Revised Code Section 3313.671 - Required immunizations; exceptions

In part reads "No pupil shall be admitted, at the time of his initial entry of each school year, to elementary, middle, or high school for which the state board of education prescribes minimum standards in accordance with the provisions of division D of section 3301.07 of the Revised Code, unless such pupil has presented written evidence, satisfactory to the person in charge of admission, that he has received, or is in the process of receiving immunization against poliomyelitis, rubeola, diphtheria, rubella, pertussis, tetanus, hepatitis B, hepatitis A, meningitis, and chicken pox (varicella) by such means of immunization as may be approved by the department of health pursuant to the powers granted by section 3701.13 of the Revised Code, or unless such pupil has presented a written statement from his parent or guardian objecting to immunization of such pupil against said disease. If the student is unable to take immunizations for medical reasons, a written statement from a medical doctor is needed stating the specific immunizations and medical contraindications.

I/We, _____

Residing at _____

Have read the above statement and are aware of the possible consequences that may be incurred without proper immunization.

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases that the student named here may be subject to exclusion from school for the duration of the outbreak. This action is necessary not only to protect this student, but also other students and faculty of the school.

I accept full responsibility for my child, but because of philosophical or religious conviction do not wish my child immunized with the following immunizations:

<input type="checkbox"/> Polio	<input type="checkbox"/> Varicella (chicken pox)	<input type="checkbox"/> MMR (Measles/Mumps/Rubella)
<input type="checkbox"/> DPT/TdaP/DTaP (Diphtheria/Tetanus/Pertussis)	<input type="checkbox"/> Meningitis (MCV4 Meningococcal)	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hepatitis A		<input type="checkbox"/> All Immunizations

Signature: (Father) _____ Date: _____

Signature: (Mother) _____ Date: _____

Guardian's Signature: _____ Date: _____

School Age Immunization Exemption Form Cont.

Child's Name: _____ **Date of Birth:** _____

If student has ever received any vaccinations, please list the type of vaccination and the date administered below. You may also attach a copy of received vaccinations to this form instead.

- 1) _____ Date: _____
- 2) _____ Date: _____
- 3) _____ Date: _____
- 4) _____ Date: _____
- 5) _____ Date: _____
- 6) _____ Date: _____
- 7) _____ Date: _____
- 8) _____ Date: _____
- 9) _____ Date: _____
- 10) _____ Date: _____
- 11) _____ Date: _____
- 12) _____ Date: _____