

Morgan Local School District
65 W. Union Ave, P.O. Box 509
McConnelsville, OH 43756
(740)962-2782 FAX (740) 962-4931

REQUEST FOR IMMUNIZATION DEFERMENT

Student Name: _____ **D.O.B.** _____

School: _____ **Grade:** _____

Exemption <i>(Please check all vaccines to be exempt)</i>	Vaccine
	All Vaccines
	DTap/DT/Tdap/TD
	Polio
	MMR
	Hepatitis B
	Hepatitis A
	Varicella (Chicken Pox)
	Pneumococcal
	Hib (Haemophilus Influenzae Type B)
	Rotavirus
	Flu vaccine
	MCV4-Meningococcal (Meningitis) Menactra

Due to **medical/ philosophical/ religious** (please circle reason) reasons, I hereby request that the above named student be held exempt from the above immunization requirements of the State of Ohio, Ohio Department of Health and Morgan Local School District. I understand that in the event, an outbreak should be declared by the Morgan County Health Department involving any disease for which my child has not been immunized, my child will be excluded from attending school until that alert has been cancelled by the health department.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Health Care Provider's: Printed Name: _____

Health Care Provider's Signature: _____ **Date:** _____