STATE OF OHIO
LEGAL IMMUNIZATION EXEMPTION
Per OHIO STATUTE 3313.671

Student: _____

Grade: _____ (Exemption Must be Renewed Each School Year)

School: Amanda-Clearcreek Local Schools

AS LEGAL PARENT(S)/GUARDIAN(S): _____
Name(s)

I/WE HEREBY WITHDRAW my/our CONSENT to have my/our child inoculated.

Our beliefs PROHIBIT such practices.

This REQUEST is in accordance with OHIO PURVIEW for

EXEMPTION of GOOD CAUSE, INCLUDING RELIGIOUS CONVICTIONS.

TO BE FILED AS LEGAL PROOF OF
OUR OBJECTION WITH OUR CHILD'S
SCHOOL HEALTH RECORD.

I understand that, in the event of an outbreak of any disease checked above, the student named above will be subject to exclusion from school for the duration of the outbreak. Unless provided a statement, signed by a physician, verifying the student has had the disease in question, the student cannot attend school until at least two weeks after the last reported case occurs. A physician diagnosed history or disease is accepted for measles and mumps only. A positive laboratory test is the only acceptable proof of having had rubella.

SIGNED: _____
Signature of Parent/Guardian Date

_____
Signature of Parent/Guardian Date

This document must be kept on file with the above student's permanent health record.