# Immunization Exemption Form

Ohio immunization law (ORC 3313.671) requires that all students produce an acceptable record of immunization or written evidence of a medical, religious, or philosophical exemption to immunization.

## Exemptions

If your child has not received all of the required immunizations, complete the appropriate section and return this form to your child's school.

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

I understand that if an outbreak occurs of a vaccine preventable illness that my child has not received the recommended immunizations for, that my child may be excluded from school until the local health department deems it safe for them to return. During the period of exclusion, I understand that I am responsible for my child's education.

**Parent Signature:**_____ **Date:**_____

### Medical Exclusions

The following immunizations are medically contraindicated and constitute a threat to the child's health (check appropriate vaccine(s) below):

___DTP/Tdap ____OPV/IPV ____MMR ____Varicella ____Hep B ____Hib ____MCV4

The child has had the following vaccine preventable disease(s):_____

_____

**Physician's Signature:**_____ **Date:**_____

### Religious/Philosophical Exemptions

I request that my child be exempted from:

___DTP/Tdap ____OPV/IPV ____MMR ____Varicella ____Hep B ____Hib ____MCV4

Reason:_____

_____

**Parent Signature:**_____ **Date:**_____