

IMMUNIZATION EXEMPTION FORM

Student's Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Parent/Guardian's Name: _____ Phone: _____

**Amended Substitute Senate Bill N. 282
Ohio Revised Code, Sections 3313.67 and 3313.671**

*Sec. 3313.671, part A (1): No pupil at the time of initial entry or **at the beginning of each school year** shall remain in school for more than fourteen days unless the pupil presents written evidence of immunizations against poliomyelitis, diphtheria, tetanus, pertussis, hepatitis B, rubeola, mumps, meningitis, rubella, and varicella or is in the process of being immunized.*

Sec. 3313.671, part B (4): A pupil who presents a written statement from his/her parent or guardian in which the parent or guardian objects to the immunization for reasons of conscience, including religious convictions, is not required to be immunized.

Sec. 3313.671, part B (5): A child whose physician certifies in writing that such immunization against any disease is medically contraindicated; the child is not required to be immunized against that disease.

This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, mumps, rubella, measles, hepatitis B, diphtheria, pertussis, tetanus, varicella, meningitis, or any other vaccine preventable disease of the pupils under its jurisdiction.

I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheet(s) explaining the vaccine(s) and disease(s) it prevents. I have had the opportunity to discuss this with my health care provider and/or Sidney-Shelby County Health Department, who has answered all of my questions regarding the recommended vaccine(s).

I understand the following:

- * The purpose of the need for the recommended vaccine(s)
- * The risks and benefits of the recommended vaccine(s)
- * If my child does not receive the vaccine(s), the consequences

I, the parent or guardian of the below-named child, hereby object to the immunization(s) listed for the following reasons:

Immunization(s) objected to:

_____ all

_____ DTaP/Tdap

_____ Polio

_____ MMR

_____ Hep B

_____ Varicella

_____ Meningococcal

_____ Influenza (required for preschool entry)

Reason for objection:

_____ reasons of conscience/religious convictions

_____ medically contraindicated (please provide documentation)

I know that I may re-address this issue at any time, and I may change my mind and accept vaccinations for my child in the future. I further understand that during an outbreak of any of the aforementioned vaccine-preventable diseases that the student named here is subject to exclusion from school from the date of the first reported case until the disease-specific guidelines indicate safe return into school. The Health Department will not be responsible for the cost of any tutoring or special instruction for this child during this period of exclusion from school.

This action is necessary not only to protect this student, but also the remainder of the students and faculty of the school.

Parent/Guardian's Signature: _____ Date: _____