The Northeastern Local School District
Preparing students for their NExt success!

Superintendent	Mr. Jack Fisher
Treasurer	Mr. Dale Miller
Assistant Superintendent	Mr. Shawn Blazer
Director of Pupil Services	Mr. Steve Linson

Immunization Exemption Form

Name of Child_____ Date of Birth_____

Address:_____

_____

As required under the compulsory Immunization Law (Ohio Revised Code, Section 3313.67, 3313.671; Ohio Administrative Code, Section 5101:2-12-37), I hereby signify by my signature that I object for the reason listed below, to the immunization of my child against the following disease (s):

- ☐ Dtap
- ☐ MMR
- ☐ Varicella
- ☐ Polio
- ☐ Hep B
- ☐ Tdap
- ☐ Meningitis

Reasons(s):
Medical - A licensed physician must certify any medical exemptions
Reason of conscience, including religious convictions-written statement from parent or guardian must state a reason:
Reason_____
_____
_____

I am aware that my child is subject to exclusion from school in the event of any outbreak of the communicable disease(s) that I have listed above, and that this exclusion may last for the duration of the outbreak, which could extend over a period of several weeks.

Signature_____Date_____
(Parent/Guardian)

4435 Bosart Road · Springfield, OH 45503
Phone: 937-325-7615 · Fax: 937-328-6592