



Tri-Valley Local School District

Religious or Philosophical Immunization Exemption Form

Ohio Revised Code, Sections 3313.67 and 3313.671

Section 3313.671, part (B)(4): A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized.

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

In the case of a chicken pox epidemic in the school's population, the Superintendent may deny admission to a student otherwise exempted from the chicken pox immunization requirement. The denial of admission shall cease when the director notifies the principal or officer that the epidemic no longer exists. The Superintendent shall prescribe methods whereby the academic standing of a student who is denied admission during a chicken pox epidemic is preserved. (School policy 5320)

I the parent/ guardian of the below named child, hereby object to the immunization(s) indicated:

<u>Immunization</u>	<u>Reason</u>
_____ DTap (Diphtheria, Tetanus, Pertussis)	_____
_____ Polio (IPV, OPV)	_____
_____ MMR (Measles, Mumps, Rubella)	_____
_____ Hepatitis B	_____
_____ Varicella (chickenpox)	_____
_____ Tdap	_____
_____ Meningococcal (MCV4, Menactra or Menveo)	_____

By signing this exemption form, I the parent/ legal guardian understand the risks that I am exposing my child to by not having them receive immunizations. I further understand that during the course of an outbreak of any of the aforementioned vaccine- preventable diseases, the student named here is subject to exclusion from attending school for the duration of the outbreak.

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

Student Name: _____

Parent/ Guardian Signature: _____ Date: _____

Parent/ Guardian Printed Name: _____

Address: _____ Phone: () _____