



**STATE OF OHIO
LEGAL IMMUNIZATION EXEMPTION
Per OHIO STATUTE 3313.671 (Exemptions)**

Religious, Good Cause, and Medical Exemption Form.
Amended Substitute Senate Bill No. 282. Ohio Revised Code.
Sections 3313.671. Part B 1-5

Section 3313.671, part B (1): A pupil who has had natural rubeola, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against rubeola.

Section 3313.671, part B (2): A pupil who has had natural mumps, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against mumps.

Section 3313.671, part B (3): A pupil who has had natural chicken pox, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against chicken pox.

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.

I understand that the immunization Law permits me to sign a waiver on my child taking the immunization.

I hereby object and request the school to waiver the immunization of my child against the following (check all that apply):

<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis) <input type="checkbox"/> Hep B (Hepatitis B) <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Polio <input type="checkbox"/> Varicella (Chickenpox) <input type="checkbox"/> Tdap (Tetanus, Diphtheria, Pertussis) <input type="checkbox"/> MC4 (Meningococcal ACWY) <input type="checkbox"/> All school required immunizations
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Child's Name: _____

Religious

Good Cause

Medical Reason: You **must** have a signed statement from your physician stating the condition and attach it to this form.

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, that the student named here is subject to exclusion from the school for the duration of the outbreak.

Parent/Guardian Signature: _____ Date: _____