



Akron
Children's
Hospital
School Health Services

Immunization Exemption Form

Student Name: _____ School: _____
School Year: _____

Senate Bill N. 282 Section 3313.671, part (3) states: A pupil who presents a written statement from his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Section 3313.671, part (4) states: 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.

The ORC 3313.671 *Proof of required immunizations-exemptions* states in (A)(1) that the pupil "at the time of initial entry or at the beginning of each year....shall be permitted to remain in school for no more than 14 days unless the pupil presents written evidence ..." Based on this law, ODH Immunization program staff have recommended that parents should submit a **yearly signed refusal statement**.

I, the parent or guardian of the above named child, hereby objects to the immunization(s) checked below for the following reasons:

_____ DTap/Tdap/DPT	Reason: _____
_____ MMR	Reason: _____
_____ Polio	Reason: _____
_____ Hep B	Reason: _____
_____ Varicella	Reason: _____
_____ Hib (preschool only)	Reason: _____

I further understand that should an outbreak of any of the above vaccine preventable diseases occur, that my child will be excluded from school for the duration of the outbreak. This action is necessary to protect my child, the students and faculty of the school.

Parent/Guardian Signature: _____ Date: _____

Daytime Phone: _____