



IMMUNIZATION EXEMPTION FORM

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

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

I. PARENT/GUARDIAN SECTION

I, the parent or guardian of the above named student, signify by my signature that I object to the following immunization(s) for the reason(s) outlined below:

☐ Diptheria/Tetanus/Pertussis (DTP, DTaP, DT, Rd, Tdap)

☐ Measles/Mumps/Rubella (MMR)

☐ Meningococcal Serogroup (A, C, W, Y)

☐ Hepatitis B (HBV)

☐ Polio (OPV, IPV)

☐ Varicella

☐ Hepatitis A (*preschool only*)

☐ Pneumococcal (*preschool only*)

☐ Haemophilus Influenzae Type b (Hib)
(*preschool only*)

☐ Reasons of Conscience (including Religious Conviction)

☐ Reasons of Medical Contraindication

II. HEALTH CARE PROVIDER SECTION

This is to certify that the immunizations indicated above are medically contraindicated, and that the above named student is not required to be immunized against that disease.

Health Care Provider's printed name and title: _____

Health Care Provider's Signature: _____ Date: _____
(*only required for **medical** exemption)

III. PARENT/GUARDIAN SIGNATURE

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 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.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____