



**Brecksville-
Broadview Heights
City School District**

Brecksville-Broadview Heights City Schools
Board of Education Office

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IMMUNIZATION EXEMPTION

Religious, Good Cause, and Medical Exemption Form

Amended Substitute Senate Bill No. 282, Ohio Revised Code, Sections 3313.671, Part (3) and (4)

Section 3313.671, Part (3): A pupil who presents a written statement of 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): 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. This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus of the pupils under its jurisdiction.

I, the parent/guardian of the below named child, hereby object to the immunization(s) listed for the following reasons:

☐ Polio ☐ HIB ☐ Diphtheria/Tetanus/Pertussis (DPT) ☐ Rubella ☐ Tdap ☐ Varicella

☐ Hepatitis B ☐ Rubella ☐ Mumps ☐ MMR ☐ Meningococcal

Child's Name _____

☐ Religious (explain below) ☐ Good Cause(explain below)

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

I further understand that this form must be signed each school year and 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 per the Cuyahoga County Board of Health. This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Parent/Guardian Signature: _____ Date: _____

Parent Guardian Printed Name: _____

