RELIGIOUS, PHILOSOPHICAL OR MEDICAL EXEMPTION FORM

STUDENT _____ **D.O.B.** _____

Sec. 3313.671of the Ohio Revised Code permits:

1. "A pupil who presents a written statement of his parent or guardian in which the parent guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized."
2. "A child whose physician certifies in writing that such immunization against 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."

PART I (To be completed by the parent/guardian for religious or philosophical exemption.)

I, the parent or guardian of the above named student, list the following immunizations objected to and the reasons for my objections:

_____

_____

_____

_____

I further understand, that during the course of an outbreak of any communicable disease(s) for which my child has not been immunized, my child will be excluded from school for the duration of the outbreak(s).

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ADDRESS _____ PHONE _____

PART II (To be completed by the student's physician for medical exemption.)

I, the physician of the above named student, list the following immunizations and medical reasons why such immunizations are medically contraindicated:

_____

_____

_____

_____

_____

PHYSCIAN SIGNATURE _____ DATE _____

ADDRESS _____ PHONE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ADDRESS _____ PHONE _____

HCESC 5/98