WESTLAKE City Schools

Health Services
24365 Hilliard Blvd
Westlake, OH 44145
wlake.org

Immunization Exemption

Religious, Good Cause, and Medical Exemption Form

Name of Child _____ Date of Birth_____

Address _____

School_____ Grade_____ School Year_____

As required under the compulsory Immunization Law (*Ohio Revised Code Section 3313.671*), I hereby signify by signature that I object, for the reasons listed below, to the immunization of my child against the following disease(s): ***Please Circle all that apply***

DTaP/Td/Tdap	MMR	Hepatitis B
Diphtheria	Measles	Meningococcal
Tetanus	Mumps	Polio
Pertussis	Rubella	Varicella (chicken pox)

Check the following reason(s):

- ☐ RELIGIOUS
- ☐ GOOD CAUSE (Philosophical)
- ☐ MEDICAL *You must have a signed statement from your physician stating the condition and attach it to this form*

I am aware that my child is subject to **exclusion from school** in the event of any outbreak of the communicable disease(s) listed above, and that this exclusion may last for the duration of the outbreak, which could extend over a period of several weeks.

Signature of Parent or Guardian: _____Date: _____

PART OF PERMANENT FILE IN SCHOOL OFFICE
Rev. 3/26