

**PLAIN LOCAL SCHOOL DISTRICT
IMMUNIZATION EXEMPTION FORM
Ohio Revised Code Section 3313.671(B)(4) and (B)(5)**

Ohio law requires students attending school to provide documentation of required immunizations or qualify for an exemption. A parent or guardian requesting an exemption must complete this form and return it to the student's school.

Reasons of Conscience, Including Religious Convictions Under Ohio Revised Code Section 3313.671(B)(4), a student is not required to be immunized when the student's parent or guardian submits a written statement declining immunization for reasons of conscience, including religious convictions.

Medical Exemption Under Ohio Revised Code Section 3313.671(B)(5), a student is not required to receive an immunization that a physician certifies in writing is medically contraindicated. A signed statement from the student's physician identifying the applicable immunization or immunizations must be attached to this form.

Students with an immunization exemption may be excluded from school during an outbreak of a vaccine-preventable disease, as directed by public health authorities or district policy.

I understand that Ohio law permits me to request an exemption from one or more required immunizations for my child. I request an exemption for the immunization or immunizations selected below.

- ☐ DTaP (*Diphtheria, Tetanus, Pertussis*)
- ☐ MMR (*Measles, Mumps, Rubella*)
- ☐ Hepatitis
- ☐ Varicella

- ☐ Polio
- ☐ Meningitis
- ☐ Tdap

Child's Name: _____

☐ Religious: List name of denomination: _____

☐ Reasons of Conscience: Please explain: _____

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

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 the student, but the remainder of the students and faculty of the school.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Address: _____ Date: _____