



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: _____