STATE OF OHIO
LEGAL IMMUNIZATION EXEMPTION
Per OHIO STATUTE 3313.671 (Exemptions)
Religious, Good Cause and Medical Exemption form
Ohio revised Code Section 3313.671 Part B 1-5

3313.671 Proof of required immunizations - exceptions.

(B) (1) A pupil who has had natural rubeola, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against rubeola.

(B) (2) A pupil who has had natural mumps, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against mumps.

(B) (3) A pupil who has had natural chicken pox, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against chicken pox.

(B) (4) A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized.

(B) (5) 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.

I understand that the Law permits me to sign a waiver to my child receiving vaccinations.

I hereby object and request the school to waive the proof of vaccination of my child against some or all of the following:

Mumps	**Poliomyelitis**	**Rubeola (Measles)**	**Rubella**
Diphtheria	**Pertussis**	**Tetanus**	**Hepatitis B**
Chicken Pox	**Hib**	**Other_____**	

Child's Name:_____

□ Religious: If desired, attach a page with religious statement or a letter from your religious leader.

□ Good Cause: If desired, attach another page with reason(s)

□ 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.

Parent/Guardian Signature:_____

Address:_____ Date:_____