

Dear Parents/Guardians,

The Ohio Department of Health School Immunization Requirements have been revised to include one dose of **Meningococcal (MCV4)** vaccine to be administered before a student enters the 12th grade. Therefore, if your student has not received the Meningococcal (MCV4) or provided a record to the school of the vaccine received after age 15, your current 12th grade student will need to show proof of having received the Meningococcal (MCV4) vaccine as soon as possible or a completed exemption form.

Please contact your physician or the Lorain County Health Department (440-322-6367) to schedule an appointment.

This form must be completed and returned to the school by September 28, 2018 or the student will be excluded from school.

Student Name: _____

Student DOB: _____

Please provide date of vaccination:

Provider Stamp OR Name/Address/Phone#

MCV4: _____

Other: _____

THIS FORM MUST BE FILED AT THE SCHOOL BY September 28, 2018. If you do not vaccinate your child for Religious, Good Cause, or Medical Reason please complete the exemption form and return to the nurse.

IMMUNIZATION EXEMPT

Student's Name: _____ Date of Birth: _____

Religious, Good Cause, and Medical Exemption Form

Senate Bill No. 282, Ohio Revised Code,
Sections 33313.671, Part (3) and (4)

Section 3313.671, part (3): "A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized."

Section 3313.671, part (4): "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. 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 mumps, poliomyelitis, rubeola, rubella, diphtheria, pertussis, tetanus, and hepatitis B of the pupils under its jurisdiction."

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I, the parent or guardian of the below-named student, hereby object to the immunization(s) listed for the following reasons:

_____ Polio _____ Diphtheria/Pertussis/Tetanus (DPT) _____ Tdap _____ MMR _____
HepB

_____ Rubeola _____ Rubella _____ Mumps _____ Varicella (chicken pox) _____ MCV4

Religious — Name of denomination:

Good Cause — Please explain:

 Medical Reason — You must have a written, signed statement from your physician stating the medical condition. Attach it to this form.

I further understand that during the course of an outbreak on any of the aforementioned vaccine-preventable diseases, the student named here is subject to exclusion from school for the duration of the outbreak. This action is necessary to protect not only this student but also the remainder of the students and faculty of the school.

Parent/Guardian's Signature: _____ **Date:** _____