



# KEYSTONE MIDDLE SCHOOL

Dear Parents/Guardians,

Just a reminder that we haven't received your 7th grade student's required immunization record for **Meningococcal (MCV4) or Tdap**. The Ohio Department of Health school immunization requirements include one dose of Meningococcal (MCV4) to be administered before a student enters the 7th grade. Your child also requires a dose of **Tdap** (booster) to be administered before the student enters the 7th grade. This dose is intended to be a booster dose for students who have completed the required doses of the initial series of DTaP/DT/Td.

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

Please send in a record for the Meningococcal (MCV4) immunization, and a recent Tdap or complete the attached exemption form and return to the nurse.

For future information, your child will also need Meningococcal (MCV4) again after the age 15 and before senior year of high school.

**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:** \_\_\_\_\_

**Tdap:** \_\_\_\_\_

**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 attached 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:

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 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: \_\_\_\_\_

