

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: _____

Address: _____

NOTE: If your child has already had the disease, e.g., chicken pox, please provide the school with documentation of the date for his/her health record.