



Immunization Exemption Form

Reasons of Conscience, and Medical Exemption Form
Amended Substitute Senate Bill No. 282. Ohio Revised Code.
Sections 3313.671. Part (4) and (5)

Section 3313.671, (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.

Section 3313.671 (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 immunization Law permits me to sign a waiver on my child taking the immunization.

I hereby object and request the school to waiver the immunization of my child against the following:

☐ Varicella (Chicken Pox)	☐ DTaP (Diphtheria, Tetanus, and Pertussis)	☐ HIB (Haemophilus Influenzae Type B)
☐ Hepatitis A & B	☐ Rotavirus	☐ Influenza (if seasonal vaccine available)
☐ MMR (Measles, Mumps, and Rubella)	☐ Pneumococcal disease	☐ Polio

Child's Name: _____

☐ Reasons of Conscience

☐ 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 an outbreak of any of the vaccine preventable diseases that the student named here is subject to exclusion from school for the duration of the outbreak. This action is necessary to protect this student and the rest of the school's students and faculty.

Parent/Guardian signature: _____ Date: _____