

STATE OF OHIO
LEGAL IMMUNIZATION EXEMPTION
Per OHIO STATUTE 3313.671 (Proof of required immunizations - exemptions)

Conscience, Religious, and Medical Exemption Form
Amended Senate Bill No. 121. Ohio Revised Code.
Section 3313.671. Part B (4) and (5)

Section 3313.671, Part (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, Part (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 to immunization of my child and request the school to waive the immunization requirement of my child against the following immunization(s):

<input type="checkbox"/> Dtap	<input type="checkbox"/> Mumps	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Rubella	<input type="checkbox"/> Measles	<input type="checkbox"/> MMR	<input type="checkbox"/> Influenza
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib	<input type="checkbox"/> Meningococcal	
<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Tdap	

Child's Name: _____

Conscience Reason: _____

Religious Reason (List name of religious denomination): _____

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. I further understand that this action is necessary not only to protect the above named student, but the remainder of the students and faculty of the school.

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