MEDICAL, RELIGIOUS, OR PHILOSOPHICAL EXEMPTION FORM

Ohio Revised Code, Sections 3313.67 and 3313.671

Sec. 3313.671, part (3): A pupil who presents a written statement by his 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.

Sec. 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 poliomyelitis, rubeola, rubella, diphtheria, Pertussis, tetanus and varicella of the pupils under its jurisdiction.

I, the parent or guardian of the below named child, hereby object to the immunization(s) listed for the following reasons: (Please list immunizations objected to and reasons.)

_____

_____

_____

_____

I further understand that during the course of an outbreak of any of the afore-mentioned vaccine-preventable diseases, that the child named here is subject to exclusion from school for the duration of the outbreak.

This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Student _____

Parent Signature _____ Date _____

Address _____ Tel _____

City/State/Zip _____

Physician's Signature _____ Date _____

* This document is to be completed annually.

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