

STATE OF OHIO IMMUNIZATION EXEMPTION  
Per OHIO STATUTE 3313.671

Religious, Reason of Conscience, and Medical Exemption Form

(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.

(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:

D.P.T.	Polio	Hepatitis B	MMR
Dtap	meningococcal	Varicella (chickenpox)	

**Child's Name:** \_\_\_\_\_

**Religious:** List name of denomination \_\_\_\_\_

**Reason of conscience:** Please explain \_\_\_\_\_

**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.**

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

**Parent/Gurardian Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date** \_\_\_\_\_