

IMMUNIZATION EXEMPTION FORM
Per Ohio Revised Code, Section 3313.671

Section 3313.671, part (3): A pupil who presents a written statement by his/her parent or guardian in which the parent 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 the disease.

This section does not limit 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, and Tetanus under its jurisdiction.

PLEASE COMPLETE ALL 3 PARTS TO THIS FORM:**PART 1:**

Student Name: _____ Student Date of Birth: _____

Parent/Legal Guardian Address: _____

Cell Phone: _____ Home Phone: _____

PART 2:

I, (print parent/guardian name) _____, the parent or legal guardian of: (child's name) _____

hereby, object to the immunization(s) indicated below and for the following reason(s) indicated below:

Check each vaccination that applies:

- Polio (OPV or IPV)
- MMR (measles, mumps rubella)
- Hepatitis B
- Varicella (Chicken Pox)
- MCV4 (Meningococcal)
- DTaP or Tdap (diphtheria, tetanus & pertussis)

Check reason(s) for objection to vaccination(s):

- Good cause/philosophical reasons (please explain)

 Religious convictions **Medical exemption (MUST BE SIGNED BY CHILD'S HEALTHCARE PROVIDER)**

Physician/Healthcare provider Signature: _____ Date _____

PART 3:

Parent/Legal Guardian Signature: _____ Date _____

For Questions, please contact Sherrell Benton at 216.797.2940.

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