

***** Immunization *****

Religious, Good Cause, and Medical Exemption Form
Amended Substitute Senate Bill #282, Ohio Revised Code,
Sections 3313.671, Part (3) and (4)

Section 3313.671, Part (3):

A pupil who presents a written statement of his parent or guardian in whom the parent or guardian 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 that disease. This section does not limit or impair the right of the 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 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:

CHILD'S NAME: _____

- | | |
|---|---|
| <input type="checkbox"/> Polio | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Diphtheria / Tetanus / Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> Meningococcal (7 th grade) |
| <input type="checkbox"/> TDAP | <input type="checkbox"/> Meningococcal (12 th grade) |

Religious: _____

Good Cause: Please explain: _____

Medical Reason: You must have a signed statement from your physician stating the condition.

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.

Parent / Guardian Signature: _____

Date: _____