

IMMUNIZATION
Religious, Good Cause, and Medical Exemption Form

Amended Substitute Senate Bill No. 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 which the parent or guardian objects to the immunization for reasons of conscience, 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 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 hepatitis B and varicella of the pupils under its jurisdiction.

I, the parent or guardian of _____ DOB _____ hereby
object to the following immunizations for the reasons as listed:

DTP ___ Polio ___ MMR ___ Hepatitis B ___ Varicella(chicken pox) ___

___ Reasons of Conscience, Including Religious Convictions

___ Medical: 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, 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 also to protect the remainder
of the students and faculty of the school.

Parent/Guardian signature _____

Address/ Telephone _____

Date ___ / ___ / ___