State of Ohio Legal Immunization Exemption

Per Ohio Statute 3313.671 (Exemptions)
Religious, Good Cause, and Medical Exemption Form
Amended Substitute Senate Bill No. 282. Ohio Revised Code.
Sections 3313.671. Pat (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 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 im munization against my 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, and tetanus of the pupils under it jurisdiction.

I understand that the immunization Law permits me to sign a waiver on my child taking the immunization.

__I understand that, in the event of an outbreak of any disease checked, the student named will be subject to the exemption from school for the duration of the outbreak. Unless provided a statement, signed by a physician verifying the student has had the disease in question The student cannot attend school until at least two weeks after the last reported case occurs. A physician diagnosed history or disease is accepted for measles or mumps only. A positive lab test is the only acceptable proof of having had rubella.__

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I hereby object and request the school to waive the immunization of my child against the following:

_____TDaP (Diphtheria, Pertussis, Tetanus)   _____Polio

_____MMR (Measles, Mumps, Rubella)   _____Hepatitis B

_____Varicella (Chicken Pox)   _____Meningitis

_____Medical Reason: Must attach a signed statement from child's physician
       stating the related medical condition.

_____Religious Reason: Name of denomination _____

_____Good Cause: Please Explain _____

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_____

_____   _____

(Child's Name)   (Date)

_____   _____

(Parent/Guardian Signature   (Phone)