

Immunization Exemption Form  
(Religious, Good Cause and Medical)  
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 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 certified 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 the rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus for the pupils under its jurisdiction.

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I, the parent or guardian of the below named child, hereby object to the immunization(s) listed for the following reasons: (please check and identify the required immunizations and the number of doses that you are refusing)

- \_\_\_\_\_ Polio (dose # \_\_\_\_\_)
- \_\_\_\_\_ Diphtheria/Tetanus/Pertussis (Tdap) (dose # \_\_\_\_\_)
- \_\_\_\_\_ Measles/Mumps/Rubella (MMR) (dose # \_\_\_\_\_)
- \_\_\_\_\_ Hepatitis B (dose # \_\_\_\_\_)
- \_\_\_\_\_ Varicella (Chicken Pox) (dose # \_\_\_\_\_)

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Religious: (List the name of the denomination) \_\_\_\_\_  
Good Cause: (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, which the student named here is subject to exclusion from school for the duration of the outbreak. This action is necessary not only to protect the student, but the remainder of the students and faculty of the school.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Immunization Education provided by: \_\_\_\_\_ Date: \_\_\_\_\_  
(nurse)