



Immunization Exemption Form

Religious, Good Cause, and Medical Exemption

Ohio law allows parents to exempt their child(ren) from certain immunizations. If you wish to exercise this option, please complete this form.

I, the parent or guardian of _____, hereby object to the immunization(s) checked below for the following reasons:
(child's name)

CHECK ALL THAT APPLY:

- | | | | |
|--------------------------------|--|---|---|
| <input type="checkbox"/> Polio | <input type="checkbox"/> Diphtheria/Tetanus/Pertussis (<i>DPT</i>) | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> MCV4 (<i>Meningitis</i>) |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella (<i>German measles</i>) | <input type="checkbox"/> Rubeola (<i>Measles</i>) | <input type="checkbox"/> Varicella (<i>Chicken Pox</i>) |

COMPLETE ALL THAT APPLY:

- ☐ **Medical Reason/Physician's Statement:** *[Doctor, give the medical contraindication and the specific immunization(s) for which this child is exempt as medically contraindicated]*

Physician's Signature (*REQUIRED if exemptions are for medical reasons*)

Date

- ☐ **Religious:** *[List names of religious affiliation and briefly explain religious conviction]*

- ☐ **Other Good Causes:** *[Please explain]*

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases that the student named here may be subject to exclusion from school for the duration of the outbreak.

This action is necessary not only to protect this student, but also other students and faculty of the school.

Address

Parent/Guardian's Signature

Date