

## IMMUNIZATION EXEMPTION

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Parents Name \_\_\_\_\_

As required under the compulsory Immunization Law (Ohio Revised Code, Section 3313.671), I hereby signify by my signature that I object to the immunization of my child against the following disease(s). (Circle all vaccines you exempt your child from)

Diphtheria, Tetanus and Pertussis (DtaP)

Haemophilus Influenzae type B (Hib)

Hepatitis A (Hep A)

Hepatitis B (Hep B)

Influenza (Flu)

Measles, Mumps and Rubella (MMR)

Pneumococcal (pneumonia)

Polio

Rotavirus

Varicella (chicken pox)

I am aware that my child is subject to exclusion from school in the event of any outbreak of the communicable disease(s) that I have listed above, and that this exclusion may last for the duration of the outbreak, which could extend over a period of several weeks.

Please check reason(s) you exempt from vaccinations for your child.

\_\_\_\_\_ Medical Exemption (this requires a certified medical slip from your doctor)

\_\_\_\_\_ Reason of Religious Objection

\_\_\_\_\_ Reason of Conscience

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

A file of this exemption will be kept in your child's permanent record.