

Religious or Philosophical Immunization Exemption Form
Amended Substitute Senate Bill N.282
Ohio Revised Code (ORC), Sections 3313.67 and 3313.671

Section 3313.671, part (4): 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 (5): 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 impart 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 its jurisdiction.

I hereby object and request the school to waiver the following immunizations of my child:

Dtap/TDap_____

Polio (IPV/OPV)_____

Hepatitis_____

MMR (Measles, Mumps, Rubella)_____

Varicella (Chickenpox)_____

Meningococcal (MCV)_____

Reason for exemptions:

Personal/Religious:_____

Medical:_____ (attach a signed statement from your medical provider)

****Exemption form must be renewed every school year.**

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, that 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 the remainder of the students and faculty of the school.

Student name: _____

Parent/Guardian signature: _____ **Date:** _____

Address: _____ **Phone:** _____