

This SIDE to be completed ONLY if student will NOT be immunized against diseases

IMMUNIZATION EXEMPTION
Religious, Conscience, and Medical Exemption Form

Ohio Revised Code 5104.014, Division C:

A child is not required to be immunized against disease if any of the following is the case:

1. Immunization against the disease is medically contraindicated for the child;
2. The child's parent or guardian has declined to have the child immunized against the disease for reasons of conscience, including religious convictions;
3. Immunization against the disease is not medically appropriate for the child's age.

I, the parent or guardian of (*child's name*): _____
hereby decline to have my child immunized by the following vaccination(s):

- | | |
|---|--|
| <input type="checkbox"/> Diphtheria/Pertussis/Tetanus (DPT) | <input type="checkbox"/> Tdap - 7 th through 12 th grade requirement |
| <input type="checkbox"/> Polio | <input type="checkbox"/> 1 st MCV4 meningococcal - 7 th grade requirement (7 - 12th) |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> 2 nd MCV4 meningococcal - 12 th grade requirement |
| <input type="checkbox"/> Rubeola (Measles) (part of MMR) | <input type="checkbox"/> HIB |
| <input type="checkbox"/> Mumps (part of MMR) | <input type="checkbox"/> Varicella (chicken pox) |
| <input type="checkbox"/> Rubella (part of MMR) | <input type="checkbox"/> flu |

for the following reasons:

<input type="checkbox"/> Medical Reasons: _____ _____ physician signature: _____
<input type="checkbox"/> Reason of Conscience: <input type="checkbox"/> Religious: _____ <input type="checkbox"/> Other: _____

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, the student named here is subject to exclusion from school for the duration of the outbreak as determined by the department of health.

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

Parent/Guardian's Signature _____

Address _____ Date ____/____/____