



**STATE OF OHIO
LEGAL IMMUNIZATION EXEMPTION
PER OHIO STATUE 3313.671 (EXEMPTIONS)**

Child's Name _____

I understand that the immunization law permits me to sign a waiver on my child taking the immunization. I hereby object and request the school to waiver the immunization of my child against the following (select all that apply):

- | | | |
|-----------|-------|-------------|
| DPT | Polio | Rubeola |
| Rubella | Mumps | Hepatitis B |
| Varicella | Hib | MMR |

Choose your exemption reason:

Religious Exemption

Good Cause Exemption (Please Explain):

Medical Exemption: A signed statement from your physician stating the condition must be attached to this form.

I understand that, in the event of an outbreak of any disease checked above, the student named above will be subject to exclusion from school for the duration of the outbreak. Unless provided a statement, signed by a physician, verifying the student has had the disease in question, the student cannot attend school until at least two weeks after the last reported case occurs. A physician diagnosed history or disease is accepted for measles and mumps only. A positive laboratory test is the only acceptable proof of having had rubella.

Parent/Guardian Signature: _____

Address: _____ Date: _____