

# OHIO LEGAL IMMUNIZATION EXEMPTION

Per OHIO STATUTE 3313.671



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Section 3313.671, part (3): A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Section 3313.671 part (4): A child whose physician certifies in writing that such immunization against my disease is medically contraindicated is not required to be immunized against that disease. This section does not limit or impair 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 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 *(check all that apply)*:

D.T.P _____	Polio: _____	Rubeola: _____	MMR: _____
Rubella: _____	Mumps: _____	Hepatitis B: _____	Varicella: _____
Tdap: _____	MCV4: _____	ALL Vaccines: _____	

## Reason for Exemption:

Religious: \_\_\_\_\_ Denomination \_\_\_\_\_

Good Cause: \_\_\_\_\_ Please Explain \_\_\_\_\_

Medical Reason: \_\_\_\_\_ You must have a signed statement from your physician stating the condition and attach it to this form.

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.

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

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Sección 3313.671, parte (3): Un alumno que presenta una declaración escrita de su padre o tutor en la que el padre o tutor se opone a la inmunización por una buena causa, incluidas las convicciones religiosas, no está obligado a ser inmunizado.

Sección 3313.671 parte (4): Un niño cuyo médico certifique por escrito que dicha inmunización contra mi enfermedad está médicamente contraindicada no está obligado a estar inmunizado contra esa enfermedad. Esta sección no limita ni menoscaba el derecho de una junta de educación de una ciudad, aldea exenta o distrito escolar local a elaborar y hacer cumplir las normas para garantizar la inmunización contra la poliomielitis, la rubéola, la difteria, la tos ferina y el tétanos de los alumnos bajo su jurisdicción.

Entiendo que la Ley de Inmunización me permite firmar una exención para que mi hijo tome la vacuna.

Por la presente, me opongo y solicito a la escuela que renuncie a la inmunización de mi hijo contra lo siguiente