
BIG WALNUT

LOCAL SCHOOL DISTRICT

IMMUNIZATION EXEMPTION

Student

School

Grade

As required under the compulsory Immunization Law (Ohio Revised Code, Section 3313.671), I, the parent/legal guardian of the above named student, object to having him/her immunized for the following reason(s):

You must check appropriate box(s) AND explain your answer.

Has Had the Natural Disease(s) of (check those that apply):

Natural Rubeola Date: _____

Natural Mumps Date: _____

Natural Chicken Pox Date: _____

Religious/Philosophical Objection:

Medical Objection:

MUST be accompanied by a note from your physician, (MD, DO, PA, or CNP), supporting the need for this exemption.

DTaP/DPT/DT

Polio

Hepatitis B

MMR #1

MMR #2

Varicella

I understand that this exemption entitles my child to attend school only during those periods when the disease(s), for which my child is not immunized, is absent in the Big Walnut Local School District. Upon the occurrence of an outbreak of the disease(s), my child may be excluded from school from the first reported case until two (2) weeks after the last reported case.

Parent/Legal Guardian Signature

Date