



**Request of Exemption from Immunizations**

**STATE OF OHIO LEGAL IMMUNIZATION EXEMPTION Per OHIO STATUTE 3313.671 (Exemptions) Religious, Good Cause, and Medical Exemption Form Amended Substitute Senate Bill No. 282. Ohio Revised Code. Sections 3313.671. Pat (3) and (4)**

The State of Ohio (Ohio Revised Code 3313.672) requires all children enrolled in school to have the following immunizations: DTaP/DTP/DT, Tdap, Polio, MMR, Hepatitis B, Meningitis and Varicella. If you would like to exempt your student from any of these immunizations please indicate below:

**Date:** \_\_\_\_\_ **Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I am choosing \_\_\_medical, \_\_\_religious, \_\_\_\_\_ “good cause” exemption for my child from the following immunizations.

DTaP/DPT #1__	Polio #1__	Hepatitis B #1__	Varicella #1__
DTap/DPT#2__	Polio #2__	Hepatitis B #2__	Varicella #2__
DTap/DPT#3__	Polio #3__	Hepatitis B #3__	
DTap/DPT #4__	Polio #4__		
DTap/DPT #5__	Polio #5__	MMR #1__	Meningococcal #1__
7th grade Tdap__		MMR #2__	Meningococcal #2__

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Parent/Guardian Signature	Printed Name	Date
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Physician Signature for Medical Exemption	Printed Name	Date
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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 staff of the school.