



IMMUNIZATION

Amended Substitute Senate Bill #282, Ohio Revised Code, Sections 3313.671, Part (3) and (4)

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 any 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 immunizations against poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus of the pupils under its jurisdiction.

I, the parent or guardian of the below named child,
hereby object to the immunization(s) listed for the following reasons:

CHILD'S NAME: _____

- | | |
|--|--|
| <input type="checkbox"/> Hepatitis B Vaccine (HBV) | <input type="checkbox"/> Rubeola |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis (DPT/Tdap) | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Meningococcal |

- Religious Cause:** Please attach a **detailed written statement** explaining the reason the above noted immunizations are being objected to.
- Good Cause:** Please attach a **detailed written statement** explaining the reason the above noted immunizations are being objected to.
- 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 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 faculty of the school.

Parent/Guardian's Signature _____

Address _____

Date _____