

# Religious, Good Cause, and Medical Immunization Exemption Form

Amended Substitute Senate Bill No. 282, Ohio Revised Code,  
Sections 3313.671, Part (3) and (4)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sections 33.13.671, 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 immunization 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) checked and listed below for the following reasons:

- Polio
- Diphtheria/Tetanus/Pertussis (DTP)
- Rubeola
- Rubella
- Mumps
- Hib
- Hepatitis B
- Varicella

Reason: Please check one and explain below

- Religious
- Good Cause
- 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        /        /  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_