

**STATE OF OHIO IMMUNIZATION**  
**RELIGIOUS, GOOD CAUSE, AND MEDICAL EXEMPTION FORM**  
**Per Ohio Statute 3313.671**

(4) A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reason of conscience, including religious convictions, is not required to be immunized.

(5) A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against the disease.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Legal Parent/Guardian: \_\_\_\_\_

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

**VACCINES**

\_\_\_ Polio    \_\_\_ DTP (Diphtheria/Tetanus/Pertussis)    \_\_\_ MMR (Measles, Mumps, Rubella)

\_\_\_ Hepatitis B    \_\_\_ Varicella    \_\_\_ HIB    \_\_\_ Tdap    \_\_\_ Meningococcal

\_\_\_ Other \_\_\_\_\_

**REASON**

Choose one:

\_\_\_ Religious    List name of denomination \_\_\_\_\_

\_\_\_ Good Cause    Please explain: \_\_\_\_\_

\_\_\_ Medical: A child whose physician certifies in writing that such immunization against any disease is medical contradicted is not required to be immunized against that disease. **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 disease 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 Signature \_\_\_\_\_ Date: \_\_\_\_\_