



REQUEST FOR IMMUNIZATION EXEMPTION FROM SCHOOL, CHILD CARE AND PRESCHOOL IMMUNIZATION REQUIREMENTS¹

Child's Name: _____ D.O.B. _____ Gender: _____

Last
First
Middle Initial

Child's Address: _____

Street Number & Name/P.O. Box
City
State
Zip Code

Parent/Guardian Name: _____ Daytime Contact Number: _____

PLEASE CHOOSE THE EXEMPTION(S) THAT APPLY TO YOUR CHILD AS LISTED BELOW.

Temporary Medical Exemption

Permanent Medical Exemption

I certify that the above-named child is medically exempted from the requirement for the following vaccine(s): _____

Until _____

Date or Permanent

Vaccine(s) _____

Type or Print Name of Licensed Healthcare Provider (MD, DO, ND, PA, ARNP)

Signature of Licensed Healthcare _____ Date _____

Reasons of Conscience Including Religious Convictions

I do not want my child to get the following vaccine(s):

<input type="checkbox"/> Measles Mumps Rubella	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> TdaP
<input type="checkbox"/> DTaP	<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Hib	
<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio	
<input type="checkbox"/> Varicella (chickenpox)	<input type="checkbox"/> Meningococcal	
<input type="checkbox"/> Other _____		

Parent/Guardian Notice: "I certify that the information provided here is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against, as indicated above for medical or reasons of conscience, including religious convictions, my child may be at risk for disease and is suspect to exclusion from school/childcare for the duration of the outbreak until the outbreak is over."

Parent/Guardian Signature: _____ Date: _____

¹ ORC 3313.671, part B-4 states, "A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects to immunization for reasons of conscience, including religious convictions, is not required to be immunized." ORC 3313.671, part B-5 states, "A child whose physician certifies in writing that such immunizations against any disease is medically contraindicated, is not required to be immunized against that disease."