

**Waiver of Immunization Form**

Religious, Good Cause, and Medical Exemption form

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

Section 3313.671, part (3): A student who presents a written statement of his/her 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, exempt village, or local school district to make and enforce rules to secure immunization against poliomyelitis, measles, mumps, rubella, diphtheria, pertussis, tetanus, hepatitis B, and varicella of the students under its jurisdiction.

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

Polio     DTaP     MMR     Hepatitis B     Varicella     Tdap     Meningococcal

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

Good Cause – Please explain \_\_\_\_\_

Medical Reason – Please explain \_\_\_\_\_

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.

Child's name \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_