

Pickerington Schools

Ohio Legal Immunization Exemption

Religious, Good Cause, and Medical Exemption Form Amended Substitute Senate Bill No. 282, Ohio Revised Code Sections 3313.671 Pat (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 immunizations 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 disease is medically contraindicated is not required to be immunized against the disease. This section does not limit or impair the right of the board of education of a city, exempted village, or local school district to make and enforce rules to secure immunizations against Poliomyelitis (Polio), Rubeola, Bubella, Diphtheria, Pertussis, Varicella, Hepatitis B, Meningitis, Mumps, and Tetanus of the pupils under its jurisdiction.

I understand that the immunization Law permits me to sign a waiver on my child taking the immunization.

I hereby object and request the school to waiver the immunizations of my child against the following:

- Diphtheria/Tetanus/Pertussis (DTP)
- Hepatitis B
- MCV4
- Measles, Mumps, Rubella (MMR)
- Mumps
- Poliomyelitis (Polio)
- Rubella
- Rubeola (Measles)
- Tetanus, Diphtheria, Pertussis (Tdap)
- Varicella (Chicken pox)

Student name: _____ Address: _____

Religious: Name of denomination: _____

Good Cause: (please explain): _____

Medical Reasons: 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 from 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: _____