

**STATE OF OHIO LEGAL IMMUNIZATION EXEMPTION**  
**Per OHIO STATUTE 3313.671 (EXEMPTIONS)**

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

School: \_\_\_\_\_

**I HEREBY WITHDRAW my CONSENT to have my child vaccinated.**

**Our beliefs PROHIBIT such practices. This REQUEST is in accordance with OHIO PURVIEW for EXEMPTION of GOOD CAUSE, INCLUDING RELIGIOUS CONVICTIONS.**

**BELIEF STATEMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<input type="checkbox"/> D.P.T.	<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Varicella (Chickenpox)	<input type="checkbox"/> Meningitis (MCV4)	<input type="checkbox"/> MMR (Measles, Mumps, Rubella)
<input type="checkbox"/> T-dap		<input type="checkbox"/> All of the above

**TO BE FILED AS LEGAL PROOF OF  
OUR OBJECTION WITH OUR CHILD'S SCHOOL  
HEALTH RECORD.**

**I understand that, in the event of an outbreak of any disease, the student named above will be subject to exclusion from school for the duration of the outbreak. Unless provided a statement, signed by a physician, verifying the student has had the disease in question, the student cannot attend school until at least two weeks after the last reported case occurs.**

**LEGAL**

**PARENT(S)/GUARDIAN(S):** \_\_\_\_\_  
Printed Name(s)

**SIGNED:** \_\_\_\_\_  
Signature(s) Date

This document must be kept on file with the above student's permanent health record.