



Immunization Exemption Form

Ohio Revised Code 3313.671

Part 4: A pupil who presents a written statement of his 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.

Part 5: A child whose physician certifies in writing that such an 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, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis, hepatitis B, haemophilus influenza type b (Hib), varicella, acellular pertussis (Tdap) and tetanus of pupils under its jurisdiction.

I, the parent or guardian of _____, date of birth _____ hereby object to the following immunizations:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Haemophilus influenza type b (Hib) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP or Tdap) | <input type="checkbox"/> MMR |
| <input type="checkbox"/> Meningococcal | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Varicella (chicken pox) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pneumococcal | |

Reason:

- Medical Reason: **You must have a signed statement from your child's physician stating the condition and attach it to this form.**
- Religious
- Good Cause (Please explain) _____

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, that **my student named here is subject to exclusion from school for the duration of the outbreak and the Bishop Watterson High School will not be responsible for providing my child a home tutor.** This action is necessary not only to protect this student, but the remainder of the students and staff of the school.

I also understand that Bishop Watterson High School will not be held liable in the event that my child becomes ill as a result of an exposure at school, to any of the aforementioned vaccine preventable diseases or any other contagious diseases.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Address: _____