

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

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/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 my 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, and tetanus of the pupils under its jurisdiction.

I understand that permits 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 immunization of my child against the following:

Please check the vaccine or vaccines you are requesting a waiver.

<input type="checkbox"/> COVID-19	<input type="checkbox"/> DTaP	<input type="checkbox"/> Polio	<input type="checkbox"/> Rubeola	<input type="checkbox"/> Tdap	<input type="checkbox"/> Flu
<input type="checkbox"/> RV-1	<input type="checkbox"/> RV-5	<input type="checkbox"/> HEP B	<input type="checkbox"/> HEP A	<input type="checkbox"/> HPV	<input type="checkbox"/> MMR
<input type="checkbox"/> Varicella	<input type="checkbox"/> HIP	<input type="checkbox"/> PCV13	<input type="checkbox"/> MCV4	<input type="checkbox"/> ALL Vaccines	

Child's Name: \_\_\_\_\_

Please Only Check One Box Below

**Religious:** List name of denomination \_\_\_\_\_

**Good Cause:** Please Explain \_\_\_\_\_

**Medical Reason:** PLEASE NOTE: 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 name 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 staff of the school.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_