



Akron  
Children's  
Hospital

**School Health Services Immunization Exemption Form**

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

School District and School Name: \_\_\_\_\_

Senate Bill N. 282 Section 3313.671, part (3) states: A pupil who presents a written statement from 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.

Section 3313.671, part (4) states: 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.

The ORC 3313.671 *Proof of required immunizations-exemptions* states in (A)(1) that the pupil "at the time of initial entry or at the beginning of *each year*...shall be permitted to remain in school for no more than 14 days unless the pupil presents written evidence ..." **Individual student immunization exemption forms expire at the end of each school year.** Parents and/or guardian will be required to renew/update this exemption form each school calendar year.

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

\_\_\_ DTap/Tdap/DPT Reason: \_\_\_\_\_

\_\_\_ HepB Reason: \_\_\_\_\_

\_\_\_ Polio Reason: \_\_\_\_\_

\_\_\_ Varicella Reason: \_\_\_\_\_

\_\_\_ MMR Reason: \_\_\_\_\_

\_\_\_ MCV4 Reason: \_\_\_\_\_

I further understand that should an outbreak of any of the above vaccine preventable diseases occur, that my child will be excluded from school for the duration of the outbreak. This action is necessary to protect my child, the students and faculty of the school.

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone/Contact: \_\_\_\_\_