

IMMUNIZATION WAIVER FORM *

According to Section 3313.671 of the Ohio Revised Code, pupils enrolled in kindergarten through grade 12 are required to have written proof on file at their school that they have been immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, chicken pox and meningitis.

Parents or guardian wishing to exercise a conscience/religious or medical objection to immunizations must sign this waiver form in the school in the presence of a witness. Students with objections to immunizations, who are considered susceptible to the vaccine preventable disease which they have not been immunized against, are subject to exclusion from school if an outbreak of such a disease occurs in the school.

Complete this portion only if you refuse to have your child immunized as stated in the law because of conscience/religious or medical objections.

I object to having my child, _____, immunized against the diseases I have checked below:

	Diphtheria		Measles (rubeola)
	Tetanus		Rubella
	Pertussis		Mumps
	Polio		Hepatitis B
	Chicken Pox		Meningitis
Reason:			
	Conscience/Religious		Medical (Need physician's signed statement)
Date:		Signature of Parent or Guardian:	
Date:		Signature of Witness:	

* To be filed in the child's permanent record.