Bellbrook Sugarcreek School District

Immunization Exemption Form

_____	_____	_____
Name of Student	School	Date of Birth

Section 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.

Sections 3313.671 Part (5): 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. 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.

As required under the compulsory Immunization Law (Ohio Revised Code, Section 3313.671), I, the parent/guardian of the above named student object to having the following immunizations for the following reason(s):

You must check the appropriate box(s) AND explain your answer.

[ ] Has had the natural disease: (check those that apply)

[ ] MMR Date: _____

[ ] Varicella Date: _____

[ ] Pertussis Date: _____

[ ] Religious/Philosophical Objections:

_____

_____

_____

[ ] Medical Objection:

MUST be accompanied by a note from the licensed health care provider *(MD, DO, PA, or CNP) supporting the need for this exemption.*

[ ] DTP/Dtap

[ ] Tdap (7th-12th)

[ ] Hepatitis B

[ ] Polio

[ ] MMR

[ ] Varicella

[ ] Meningitis (7th, 8th and 12th)

[ ] Other

I understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases that the student named above 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 faculty of the school.

Parent/Guardian Signature: _____

Address: _____ Date_____