



# IMMUNIZATION EXEMPTION

Site Name: \_\_\_\_\_

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

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**This exemption MUST be signed OR accompanied by a signed statement from the child’s physician and updated yearly.**

As required by the Ohio Department of Health, Ohio State law makes provisions for non-vaccination of children whose parents object to vaccines for medical, religious or philosophical reasons. Under Sections 3313.671 and 3301.07 of the Ohio Revised Code, I hereby signify by my signature, that I object for the reason(s) stated below, to the following immunizations – please check.

<input type="checkbox"/> DTAP – Diphtheria, Tetanus, Pertusis	<input type="checkbox"/> VARICELLA – Chicken Pox
<input type="checkbox"/> POLIO	<input type="checkbox"/> HEPETITIS B
<input type="checkbox"/> MMR – Measles, Mumps, Rubella	<input type="checkbox"/> HEPETITIS A
<input type="checkbox"/> Hib – Haemophilus Influenza Type b	<input type="checkbox"/> PCV – Pneumococcal Disease
<input type="checkbox"/> ROTOVIRUS	<input type="checkbox"/> FLU - INFLUENZA

**Reason(s) for refusal:**

- The above selected vaccine(s) are medically contraindicated.
- I have declined the above vaccine(s) for reasons of conscience, including religious convictions.
- The above selected vaccine(s) are not medically appropriate for the child’s age.
- The seasonal flu vaccine is not available.

I understand that in the event of an outbreak of any disease checked above the child named above will be subject to exclusion from the center and/or classroom for the duration of the outbreak. This action is necessary not only to protect the child, but the remainder of the students and faculty of the classroom.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/Physician Assistant/Advance Practice Nurse/  
Certified Nurse Practitioner Signature

\_\_\_\_\_  
Date