

IMMUNIZATION EXEMPTION

Name of Child _____ Date of Birth _____

Address _____

As required under the compulsory Immunization Law (Ohio REVISED CODE, SECTION 3313.671), I hereby signify that I object for the reason stated below, to the immunization of my child against the following disease(s).

Reason(s): _____

I am aware that my child is subject to exclusion from school in the event of any outbreak of the communicable disease(s) that I have listed above, and that this exclusion may last for the duration of the outbreak, which could extend over a period of several weeks.

Signature _____
(Parent or Guardian)

Date _____

Keep on file in school office.

6/8/78