

**IMMUNIZATION EXEMPTION FORM**  
**Religious, Good Cause and Medical Exemption Form**

Amended Substitute Senate Bill No. 282, Ohio Revised Code,  
Sections 3313.671, Part (3) and (4)

Section 3313.671, part (3): A pupil who presents a written statement of his/her 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): 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, measles, mumps, rubella, diphtheria, hepatitis B, varicella, pertussis, and tetanus of the pupils under its jurisdiction.

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

Polio    DTaP    MMR    Hepatitis B    Hib    Varicella

Religious-----List name of denomination \_\_\_\_\_

Good Cause-----Please explain \_\_\_\_\_  
\_\_\_\_\_

Medical Reason---Please explain \_\_\_\_\_  
\_\_\_\_\_

In the spirit and intention of the Amended Substitute Senate Bill 282, Ohio Revised Code, Sections 3313.671, Part (3) and (4) I, \_\_\_\_\_ as legal parent or guardian of \_\_\_\_\_ on this date \_\_\_\_\_, do hereby absolve Immaculate Heart of Mary School and Parish, The Archdiocese of Cincinnati, the Forest Hills School District and their employees from all liability in the event my child contracts, and has complications from Polio, Diphtheria, Tetanus, Measles, Mumps, Rubella, Hepatitis B, Pertussis or Varicella. I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, which the student named here is subject to exclusion from school for the duration of the outbreak plus an additional two weeks incubation period.

This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Child's Name \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

