

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 _____

HEARING AND VISUAL TESTS OF SCHOOL CHILDREN: EXEMPTIONS

In accordance with the Ohio Revised Code (ORC) 3313.69 any student shall be exempted from a hearing test if he has been examined by a regularly licensed physician, and from a visual test if he has been examined by a regularly licensed physician or optometrist upon presentation to the school authorities of a certificate to the effect that he has been so examined during the twelve months immediately preceding the date of such inspections.

- If a parent chooses to utilize the exemption status, a certificate signed by the above mentioned physician/optometrist must be on file in the health office.
- The exemption form below must be on file along with the physician's certificate
- Both forms must be completed each school year when screening is conducted for grades 1,3,5,7.

HEARING AND VISUAL TEST EXEMPTION FORM

I, parent or guardian of the below named child, hereby request my child be exempt from hearing/visual testing as set forth by the Ohio Department of Health(ODH) in accordance with the Ohio Revised Code(ORC) 3313.69. I further 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 has any complications and/or learning difficulties as a result of visual/hearing problems. I further understand it is my responsibility to have my child's hearing/ vision tested as set forth above.

Child's Name _____ Homeroom _____

Parent/Guardian Name (print) _____

Parent/guardian Signature _____

Address _____

_____ Date _____