

WEST HOLMES LOCAL SCHOOLS

10909 SR 39 Millersburg, Ohio 44654

Phone: 330-674-6085 Fax: 330-674-0818

Date:

Student/school/grade:

Immunization Waiver

Religious/Philosophical/Medical Exemption Form

Ohio State law requires immunizations but there are provisions made for your child to be exempt from that law if you have religious or philosophical objections or if a physician certifies that it is medically contraindicated. These provisions are stated in the Amended Substitute Senate Bill N.282, Ohio Revised Code, and Sections 3313.67 and 3313.671. Any child who is not immunized must be excluded from school in the event of an outbreak of a preventable communicable disease for the duration of the outbreak.

I, the parent or guardian of the below named child, hereby decline to have him/her immunized for the following reason (please check the appropriate reason below):

Section 3313.671: A child who presents a written statement of his/her parent or guardian in which the parent or guardian objects to the immunization for religious convictions, is not required to be immunized.

Section 3313.671: A child who presents a written statement of his/her parent or guardian in which the parent or guardian objects to the immunization for philosophical reasons, is not required to be immunized.

Section 3313.671: A child whose physician certifies in writing that such immunizations against any disease is medically contraindicated, is not required to be immunized against that disease.

I, the parent or guardian of the below named child, hereby object to the immunization(s) listed below (please check each immunization being declined).

- DTaP (Diphtheria/Tetanus/Pertussis) Tdap (7th grade booster) Polio
MMR (Measles/Mumps/Rubella) Hepatitis B Varicella
MCV4 (7th grade) MCV4 (12th grade)

I further understand that during a course of an outbreak of any of the aforementioned vaccine preventable diseases, the student named here is subject to exclusion from school for the duration of the outbreak. This action is necessary not only to protect the student, but the remainder of the students and faculty of the school.

Student's Name: Parent/Guardian Signature:

Date: Phone:

Address: