

**EASTERN LOCAL BROWN SCHOOL DISTRICT
IMMUNIZATION EXEMPTION FORM**

The Ohio Revised Code Section 3313.671 states: "A pupil who presents a written statement of the pupils' parent or guardian, in whom the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized." The parent is to sign a statement saying that the child has not been immunized for reasons of good cause. For a medical contradiction, a signed statement from the physician's office will be required.

My child, _____, has not been vaccinated for the following diseases:

- MMR (Measles, Mumps, & Rubella)
- DTaP (Diphtheria, Tetanus, & Pertussis)
- Varicella (Chicken Pox)
- Hep B (Hepatitis B)
- OPV, IPV (Polio)
- Menactra (Meningitis)

My child has not been vaccinated for the following reasons:

- Medical - A Physician or Certified Nurse Practitioner's signed statement is required.
- Religious
- Philosophical

I understand the risks to my child for attending the school un-immunized and I understand that my child may be excluded from school during an outbreak of a vaccine-preventable disease. For this purpose, an outbreak means the occurrence of cases in numbers greater than expected in the school's population or for a particular period of time, reported by the director of the Health Department. The denial of admission shall cease when the director of the Health Department notifies the principal that an outbreak no longer exists, or if I provide a statement signed by the physician who saw and diagnosed my child as having had the disease in question.

Parent Signature: _____ Date: _____

Physician Name: _____ Date: _____

Physician Signature: _____ Date: _____