

**Legacy Christian Academy**

**Immunization Exemption Form K-12th**

Amended Substitute Senate Bill No. 282, Ohio revised Code, Sections 3313.671, Part B (4) and (5)

Section 3313.671, Part B (4): A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized.

Section 3313.671, Part B (5): 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, Rubella, Rubeola, Diphtheria, Pertussis, Tetanus, Hepatitis B (During or after the school year beginning in 1999), Varicella (During or after the school year beginning in 2006), and Meningococcal Disease (during and after the school year beginning in 2016).

I/We, the parent(s) or guardian(s) of: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

hereby object to the following immunization(s):

\_\_\_\_ Polio \_\_\_\_ Diphtheria/Pertussis/Tetanus (DPT, DTaP \_\_\_\_ Tdap

\_\_\_\_Hepatitis B \_\_\_\_ Hib \_\_\_\_ MMR \_\_\_\_ Varicella \_\_\_\_ Meningococcal

I/We object to these immunizations for the following reason:

\_\_\_\_ Medical reason: You must attach a signed statement from your physician.

\_\_\_\_ Religious Convictions: List name of denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Reason of Conscience: Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I/We further understand that an outbreak of any of the aforementioned vaccine-preventable disease, may subject the student named above to exclusion from school for the duration of the outbreak. This action may be necessary to protect this student, or other students or faculty. **This form needs to be signed on a yearly basis.**

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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