

Jackson Local Schools

Striving for Excellence



IMMUNIZATION EXEMPTION FORM

Ohio law (ORC § 3313.67) requires that all students, at the time of initial entry into school or at the beginning of each school year, must be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and varicella. In certain cases, students may also be required to submit to tuberculin tests prior to entry to school. Your child will not be permitted to attend school until either a record of immunization or this exemption statement is submitted.

Ohio Revised Code § 3313.671 (b)(4) and Ohio Revised Code § 3313.671 (b)(5) allow for exemption from the immunization requirement for personal, medical, or religious objection. **In the event that the county health department declares an outbreak of a vaccine preventable disease for which you cannot provide proof of immunity for your child, your child will not be allowed to attend school until the risk period ends. Any absences related to exclusion will be considered to be unexcused.**

MEDICAL EXEMPTION: If the immunization would be a health risk to the child because of pre-existing medical conditions, you must sign the exemption below as well as provide medical documentation from your child's health care provider indicating a medical contra-indication.

RELIGIOUS/PERSONAL BELIEFS EXEMPTION: If immunizations are against your personal or religious beliefs, you must sign the exemption below to excuse your child from the immunization requirements.

I request an exemption for my child from the required vaccines listed below. I understand the risks and possible outcomes of this decision. I am aware that the disease(s) may result in serious illness, disability or death. I am aware that additional information about immunizations is available from my child's health care provider, the county health department, or the state health department. I acknowledge that any absences related to exclusion from school as a result of an outbreak will be considered unexcused.

Child's Name: _____

Date of Birth: _____

Exemption for the following vaccines (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis (DTaP, DTP, Tdap) | <input type="checkbox"/> Hepatitis B (HBV, Hep B) |
| <input type="checkbox"/> Polio (IPV, OPV) | <input type="checkbox"/> Varicella (chicken pox) |
| <input type="checkbox"/> Measles, Mumps, Rubella (MMR) | <input type="checkbox"/> Meningococcal (meningitis) |

Type of exemption (mark one): medical exemption personal objection religious objection

Explanation for exemption: _____

**Note: medical exemptions require signed documentation from the child's health care provider.*

Parent/Guardian Signature

Date

BOARD OF EDUCATION OFFICE
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