

State of Ohio Legal Immunization Exemption Per Ohio Revised Code (ORC) 3313.671

Religious, Reason of Conscience, and Medication Exemption Form

ORC 3313.671 (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.

ORC 3313.671 (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.

I understand that the immunization law permits me to sign a waiver on my child taking the immunization(s).

I hereby object and request Emmanuel Christian Academy to waiver the immunization(s) of my child against the following:

Please check mark the immunization(s) you decline.

Kindergarten:	7th grade:	12th grade:
<input type="checkbox"/> DTap (Diphtheria, Tetanus, Pertussis) <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Varicella (Chicken Pox)	<input type="checkbox"/> Tdap (Tetanus, Diphtheria, Pertussis) <input type="checkbox"/> MCV4 (Meningococcal)	<input type="checkbox"/> MCV4 (Meningococcal)

Child's Name: _____

• Religious Exemption: Y N List name of denomination: _____

• Good Cause Exemption: Please Explain _____

• Medical Exemption: You must have a signed statement from your physician stating the reason and attach to this form.

_____ (initial): **I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, that the student named here is subject to exclusion from school for the duration of the outbreak. This action is necessary to not only protect this student, but the remainder of the students and faculty of Emmanuel Christian Academy.**

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Address: _____ **Date:** _____