

PERKINS

LOCAL SCHOOL DISTRICT

3714 Campbell St., Ste. B | Sandusky, OH 44870 | www.perkinsschools.org

State of Ohio Legal Immunization Exemption Form

In accordance with Ohio Revised Code Section 3313.671 (B) and Board Policy #JHCB

I, the parent/guardian of the below named child, decline to have my child immunized for the following diseases and the reasons stated below:

Child's Name:	
School:	Grade:

Diseases for Exemption	
<input type="checkbox"/> Diphtheria/Tetanus/Pertussis (Tdap/DTap/DT/Td)	<input type="checkbox"/> Polio
<input type="checkbox"/> Measles/Mumps/Rubella (MMR)	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Varicella (Chicken Pox)	<input type="checkbox"/> Meningococcal (MCV4)
<input type="checkbox"/> Other:	

Reasons for Exemption
<input type="checkbox"/> Reasons of conscience, including religious convictions
<input type="checkbox"/> My child has had natural rubeola (measles) and is not required to be immunized against rubeola
<input type="checkbox"/> My child has had natural mumps and is not required to be immunized against mumps
<input type="checkbox"/> My child has had natural chicken pox and is not required to be immunized against chicken pox
<input type="checkbox"/> My child's physician has certified in writing that such immunization is not required or is medically contraindicated, and I have attached a copy of the physician's written certification to this form.

Please be aware that if there is an outbreak of any of the above illnesses, that the exempted child will be excluded from school until deemed safe to return.

This exemption form will need to be completed each school year.

Parent/Guardian Signature: _____ Date: _____

Address: _____