

Miamisburg City Schools
540 E. Park Avenue
Miamisburg, Ohio 45342

Immunization Exemption Form K-12

Child's Name: _____ DOB _____

In accordance with the Ohio Revised Code, section 3313.671, I parent/guardian of the above child, hereby object to immunizations for the following reason (select one of the three reasons):

____ Religious Beliefs _____

____ Good Cause _____

____ Medical Reasons (physician signature/statement) _____

*****Select ALL immunizations or specify individual immunizations exempted below*****

____ All immunizations (select all immunizations or specify below)

____ Diphtheria/Tetanus/Pertussis (DTaP, Tdap, DT, Td)

____ Polio

____ MMR (Measles/Mumps/Rubella)

____ Hepatitis B

____ Chickenpox (Varicella)

____ Tdap (7th Grade Booster)

____ Meningococcal (MCV4)

_____ I therefore request that my child be exempted from the state immunization requirements.

(Initials)

_____ I understand there are risks associated with not immunizing my child.

(Initials)

_____ I further understand that during the course of an outbreak of the aforementioned

(Initials) vaccine preventable diseases that the student named here is subject to exclusion from the school for the duration of the outbreak. This action is necessary not only to protect the student, but the remainder of the students and the faculty of the school.

All statements are true to the best of my information, knowledge, and beliefs.

PARENT/GUARDIAN SIGNATURE

DATE

This document serves as legal proof of parental/guardian objection and is kept in student's health record.

