

# BRYAN CITY SCHOOLS

## MEDICAL, RELIGIOUS, OR PHILOSOPHICAL IMMUNIZATION EXEMPTION FORM

The following excerpts refer to Amended Substitute Senate Bill N. 282 and the Ohio Revised Code, Sections 3313.67 and 3313.671.

Sec 3313.671, par (3): A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions is not required to be immunized.

Sec 3313.671, par (4): 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 does not limit or impair the right of board of a city, exempted village or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis and tetanus of the pupils under jurisdiction. I further understand that during the course of an outbreak of any of the vaccine preventable diseases mentioned below that the student named here is subject to exclusion from school for the duration of the outbreak.

This action is necessary not only to protect this student, but the remainder of the students and faculty of the school. I, hereby object and request the school to waive the immunization(s) of my child against the following (please check all that apply):

- |                                    |                                      |   |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> DTAP/TDAP | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella            |
| <input type="checkbox"/> POLIO     | <input type="checkbox"/> MMR         | <input type="checkbox"/> Meningococcal (MCV4) |

<b>Student's Name and date of birth</b>	
<b>Parent/Guardian Signature</b>	
<b>Date</b>	

**Please check reason (required) - if medical must be completed by healthcare provider**

- |                                    |                                     |                                  |
|------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Religious | <input type="checkbox"/> Good Cause | <input type="checkbox"/> Medical |
|------------------------------------|-------------------------------------|----------------------------------|

<b>Medical Reason (must be completed by physician, if medical selected)</b>	
<b>Physician Signature</b>	
<b>Date</b>	

***Please complete, print, include signatures and return to your child's school.***