

**LAKE LOCAL SCHOOL DISTRICT
IMMUNIZATION RELIGIOUS OR PHILOSOPHICAL EXEMPTION**



Student's Name: _____ Date: _____
Address: _____ School: _____
_____ Grade: _____

Under the provisions of the Ohio Revised Code, parents may request exemption from immunization requirements under the following rules Section 3313.671:

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. *Ohio Revised Code section 3313.67.*

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, the parent or guardian of the above named child, hereby object to the immunizations checked below:

- | | |
|---|---|
| <input type="checkbox"/> Polio | <input type="checkbox"/> Diphtheria/Tetanus/Pertussis (DTP, DtaP, DT, Tdap, Td) |
| <input type="checkbox"/> MMR (Measles, Mumps and Rubella) | <input type="checkbox"/> Hepatitis B Vaccine |
| <input type="checkbox"/> Varicella (Chicken Pox) | <input type="checkbox"/> Meningococcal (Meningitis) |

I object to them for the following reasons:

- Religion
- Other Good Cause (Please Explain) _____

- Medical Reason: You must provide a signed statement from your physician stating the condition which necessitates exemption form immunization and attach it to this form.

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, 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 Lake Local School District.

Parent/Guardian Signature	Date		
Parent/Guardian Address	City	State	Zip
Telephone	Home	Work	Cell