Mount Vernon City School District

Immunization Exemption

As required by Ohio Law (Ohio Revised Code, Section 3313.67 and 3313.671)

Student Name:_____ Date of Birth: _____

Address: _____ School: _____

Religious and Good Cause Exemption

A pupil who presents a written statement of his/her 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.

I understand that the law requires me to sign a waiver on my child taking immunization(s). I object for the reason stated below to the immunization of my child against the following disease(s):

☐ Polio ☐ Diphtheria/Tetanus/Pertussis (DTP) ☐ Measles ☐ Mumps ☐ Rubella
☐ Hepatitis-B ☐ MMR ☐ Tdap ☐ Varicella (Chickenpox) ☐ Meningococcal

Reason for Exemption:

Religious: _____

Good Cause: Please Explain _____

I'm aware that my child is subject to exclusion from school as required by the Ohio Department of Health in the event of any outbreak of the communicable disease(s) that I have checked above, and that this exclusion may last for the duration of the outbreak, which could extend over a period of several weeks.

Parent/Guardian Signature: _____ Date: _____

Medical Exemption

A child whose physician certifies in writing that such immunization against this/these disease(s) is medically inadvisable, is not required to be immunized against that disease. This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against polio, rubeola, rubella, diphtheria, pertussis, and tetanus of the pupils under its jurisdiction.

Please check inadvisable immunizations for a medical exemption:

☐ Polio ☐ Diphtheria/Tetanus/Pertussis (DTP) ☐ Measles ☐ Mumps ☐ Rubella
☐ Hepatitis-B ☐ MMR ☐ Tdap ☐ Varicella (Chickenpox) ☐ Meningococcal

Reason for medical exemption:_____

Time frame for medical exemption: _____

Healthcare Provider Signature/Title: _____ Date: _____

(ONLY required when this is a medical exemption)

(Revised Sep. 2023)