



School Health Services
Preschool Immunization Exemption Form

Student Name: _____ School Year: _____

School District and School Name: _____

Ohio Revised Code 5104.014

Each child's caretaker/parent shall provide to the preschool a medical statement, indicating that the child has been immunized against or is in the process of being immunized against all of the following diseases:

Chicken pox; Diphtheria; Haemophilus influenzae type b; Hepatitis A; Hepatitis B; Influenza; Measles; Mumps; Pertussis; Pneumococcal disease; Poliomyelitis; Rotavirus; Rubella; Tetanus.

A child is not required to be immunized against a disease if any of the following apply:

- 1. Immunization against the disease is medically contraindicated for the child;
2. The child's parent/guardian has declined to have the child immunized against the disease for reasons of conscience, including religious convictions;
3. Immunization against the disease is not medically appropriate for the child's age.
In the case of influenza, a child is not required to be immunized against the disease if the seasonal vaccine is not available.

The medical statement shall include all of the following information:

- 1. The dates that a child received immunizations against each of the diseases.
2. Whether a child is subject to any of the exceptions
3. The medical statement shall include a component where a parent/guardian may indicate that the parent/guardian has declined to have the child immunized.

I, the parent/guardian of the above named child, hereby objects to the immunization(s) checked below for the following reasons:

- ___ DTap/Tdap/DPT Reason: _____
___ MMR Reason: _____
___ Polio Reason: _____
___ Hepatitis B Reason: _____
___ Varicella Reason: _____
___ Hib Reason: _____
___ Hepatitis A Reason: _____
___ Pneumococcal Disease Reason: _____
___ Influenza Reason: _____
___ Rotavirus Reason: _____

I further understand that should an outbreak of any of the above vaccine preventable diseases occur, that my child will be excluded from school for the duration of the outbreak. This action is necessary to protect my child, the students and faculty of the school.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Daytime Phone/Contact: _____