



Springboro Schools Health Services

HS (937) 748-3950

JH 748-3953

SI 748-4113

CE 748-3958

DE 748-6070

FP 748-6090

ANNUAL IMMUNIZATION EXEMPTION K-12

Certificate of Objection to Immunizations

STUDENT LAST:		FIRST:	MIDDLE:
DOB:	GRADE:		YEAR:
CHILD'S LEGAL GUARDIAN(s):			
ADDRESS			
HOME PHONE:			

In accordance with the Ohio Revised Code, section 3313.671, I parent/guardian of the above child, hereby object to immunizations for the following reasons (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 any of the aforementioned vaccine

Initials 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 he 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:** _____

Exemption Form is to be completed Annually.

Document serves as legal proof of parental/guardian objection and is kept in students health record.