

CARDINAL LOCAL SCHOOLS

JES 440-632-0261 Opt.2 | CIS 440-632-0261 Opt.3 | CMS 440-632-0261 Opt. 4 | CHS 440-632-0261 Opt. 5

Fax: 440-632-5192

Fax: 440-632-9674

Fax: 440-632-0294

Fax: 440-632-1734

State of Ohio Legal Immunization Exemption per Ohio Statute

3313.671 (Exemptions)

Student _____

School _____

City _____

As legal parent (s) / guardian (s) _____(names),

I/We withdraw my/our consent to have my/our child inoculated. Our beliefs prohibit such practices. This request is in accordance with Ohio purview for exemption of good cause, including religious convictions.

MMR _____ Hep B _____ Varicella _____ Polio _____ DTaP / Tdap _____

I understand that, in the event of an outbreak of any disease checked above, the student named above will be subject to exclusion from school for the duration of the outbreak, unless provided a statement, signed by a physician, verifying the student has had the disease in question. The student cannot attend school until at least two weeks after the last reported case occurs. A physician diagnosed history of disease is accepted for measles and mumps only. A positive laboratory test is the only acceptable proof of having had rubella.

Signed: _____ Date _____

Signed: _____ Date _____

This document must be kept on file with the above student's permanent health record.