

**Mohawk Local School District**

**605 State Highway 231**

**Sycamore, Ohio 44882**

State of Ohio Legal Immunizations Exemption

Per Ohio Statute 3313.671 (Exceptions)

Section 3313.671, Part (4) 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.

Section 3313.671, Part (5) 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 understand that the Immunization Law permits me to sign a waiver on my child taking the immunization.

**I further understand that during the course of an outbreak of any of the vaccine preventable diseases mentioned below that the student named here is subject to exclusion from school for the duration of the outbreak.**

I hereby object and request the school to waive the immunization of my child against the following (check all that apply):

- |                                                                |                                                         |
|----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> DTaP (Diphtheria, Pertussis, Tetanus) | <input type="checkbox"/> Hib (Haemophilus Influenzae B) |
| <input type="checkbox"/> Hepatitis A                           | <input type="checkbox"/> Polio                          |
| <input type="checkbox"/> Influenza                             | <input type="checkbox"/> Varicella (Chickenpox)         |
| <input type="checkbox"/> Meningitis                            | <input type="checkbox"/> Rotavirus                      |
| <input type="checkbox"/> Hepatitis B                           | <input type="checkbox"/> Pneumococcal Disease           |
|                                                                | <input type="checkbox"/> MMR (Measles, Mumps, Rubella)  |

\_\_\_ Medical Reason: Must attach a signed statement from child's physician stating the related medical condition.

\_\_\_ Religious Reason: Name of Denomination \_\_\_\_\_

\_\_\_ Good Cause: Please Explain \_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_