



Sandusky City Schools

IMMUNIZATION EXEMPTION

School Year _____ - _____

Student

School

Grade

As required under the compulsory Immunization Law (Ohio Revised Code, Section 3313.671), I, the parent/legal guardian of the above named student, object to having him/her immunized for the following reason(s):

You must check the appropriate box(s) AND explain your answer.

Has had the natural disease(s) of: (Check those that apply)

Natural Rubeola **Date:** _____

Natural Mumps **Date:** _____

Natural Chickenpox **Date:** _____

Religious/Philosophical Objection:

Medical Objection:

MUST be accompanied by a note from your physician, [MD, DO, PA, or CNP], supporting the need for this exemption.

DTaP/DT/Tdap/Td

MMR #1

Polio

MMR #2

Hepatitis B

Varicella

MCMeningococcal

I understand that this exemption entitles my child to attend school only during those periods when the disease(s), for which my child is not immunized, is absent in the Sandusky City School District. Upon the occurrence of an outbreak of the disease(s), my child will be excluded from school from the first reported case until two (2) weeks after the last reported case.

Parent/Legal Guardian Signature

Date