



Health Commissioner  
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### Immunization Exemption

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

As required under the compulsory Immunization Law (Ohio Revised Code, Section 3313.67, 3313.671, 3323.05), I hereby signify by my signature that I object for the reason listed below, to the immunization of my child against the following disease(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason(s):**

\_\_\_\_\_  
\_\_\_\_\_

I am aware that my child is subject to exclusion from school in the event of any outbreak of the communicable disease(s) that I have listed above, and that this exclusion may last for the duration of the outbreak, which could extend over a period of several weeks.

Signature \_\_\_\_\_

(Parent/Guardian)

revised 08/2016 jaw