Most Blessed Sacrament School

4255 Bellevue Road
Toledo, Ohio 43613
Telephone: 419.472.1121 Facsimile: 419.472.1679
www.blessedsacramenttoledo.com

****IMMUNIZATION: RELIGIOUS, GOOD CAUSE, AND MEDICAL EXEMPTION FORM****

(Amended Substitute Senate Bill #282, Ohio Revised Code, Sections 3313.671, Part (4) and (5)

Section 3313.671, Part (4)

A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects for good cause, 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. This section does not limit or impair the right of the Board of Education of a city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus of the pupils under its jurisdiction.

An immunization is not required for a child who has had varicella disease. A written statement from the parent, guardian OR physician verifying the disease is sufficient.

I, the parent or guardian of the below-named child, hereby object to the immunization(s) listed for the following reasons:

CHILD'S NAME: _____ DATE OF BIRTH: _____
(please PRINT)

_____ Polio _____Diptheria/Pertussis/Tetanus _____Rubeola (measles)

_____Rubella _____Chicken Pox _____Mumps

(____) Religion: Please list name of denomination _____

(____) Good Cause: Please explain _____

_____

(____) Medical Reason: You **MUST** have a signed statement from your physician stating the condition.

I further understand that during the course of an outbreak of any of the aforementioned vaccine-preventable diseases, that the student named here is subject to exclusion from school.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date: _____