



Mapleton Local Schools

IMMUNIZATION EXEMPTION FORM

Name of Student _____ Date of Birth _____

Address _____

As required under Ohio Revised Code, Section 3313.671, the Compulsory Immunization Law, I hereby signify by my signature that I object to the immunization of my child against the following disease(s) for the reasons I have stated below:

Diseases:

- | | |
|---|--|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Varicella (chicken pox) |

Please state reason:

Religious: Denomination: _____
Good cause: Please explain: _____

Medical: *Requires an attached signed statement from care provider stating condition

I am aware that my child is subject to exclusion from the school and school based activities in the event of any outbreak of the communicable disease(s) that are listed above, and that this exclusion may last for the duration of the outbreak, which could extend over a period of several weeks. This action is necessary not only to protect this student, but the remainder of the students and faculty of the school. I am also aware that this form is only good for one (1) school year and that it is my responsibility to submit a new form at the beginning of each new school year.

Signature of Parent or Guardian

Date