

Statement of Exemption from Immunization

Date: _____

School: _____

School Address: _____

City: _____ State: _____ Zipcode: _____

To Whom It May Concern: I, _____,
as:

- parent
(choose one)
 guardian

decline to have my child, _____, immunized per
Ohio Revised Code 3313.671(B)(4) for

- reasons of conscience
 religious convictions (choose one)
 medical exemption

Signed: _____

Home Address: _____

City: _____ State: _____ Zipcode: _____