

MANSFIELD CHRISTIAN SCHOOL

500 Logan Rd.

Mansfield, OH 44907

(419) 756-5651 FAX (419) 756-7470

IMMUNIZATION EXEMPTION

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

As required under the compulsory Immunization Law (Ohio Revised Code, Section 3313.671), I hereby signify by my signature that I object to the following immunization(s) for the following reasons:

Diseases:	<input type="checkbox"/> Dtap	<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal (7 <sup>th</sup> grade)
	<input type="checkbox"/> Hep B	<input type="checkbox"/> MMR	<input type="checkbox"/> Meningococcal (12 <sup>th</sup> grade)
	<input type="checkbox"/> HIB (preschool)	<input type="checkbox"/> Varicella	<input type="checkbox"/> Tdap (7 <sup>th</sup> grade)

Reasons (Required - brief explanation please):

Religious/Good Cause \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical (must have statement from physician)

\_\_\_\_\_

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 of Parent/Guardian

\_\_\_\_\_  
Date