

Beachwood City Schools

IMMUNIZATION EXEMPTION

Name of Student: _____ Date of Birth _____

Address: _____

As required by the Ohio Department of Health, under Sections 3313.671 and 3301.07 of the Ohio Revised Code, I hereby signify by my signature, that I object for the reason(s) stated below, to the following immunization(s): (Please list)

Reason(s): _____

(note: Medical exemptions must be accompanied by a signed statement from your physician)

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 for the duration of the outbreak. This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Signature (Parent or Guardian): _____

Date: _____