



SANDUSKY
CENTRAL
CATHOLIC
SCHOOL

IMMUNIZATION EXEMPTION

NAME OF STUDENT _____ DOB _____

ADDRESS _____

As required under the compulsory law (Ohio Revised Code, Section 3313.671), I hereby signify by my signature that I object for the reason stated below, to the immunization of my child against the following disease(s).

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 below, and that this exclusion may last for the duration of the outbreak, which could extend over a period of several weeks. In the state of Ohio, one case constitutes an outbreak.

Reason(s) _____

Signature _____
(PHYSICIAN)

Date _____

Signature _____
(PARENT/GUARDIAN)

Date _____

This form is valid for one year and will be required to sign yearly.