

**St. Henry Schools**  
**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 for the reason stated below, to the Immunization of my child against the following disease(s) (example: meningitis, tetanus, diphtheria, and pertussis).

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.

**Exempt from:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason (s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_  
(Parent or Guardian)

**Date** \_\_\_\_\_

Keep on file in school office.