

Buckeye Valley Local School District

Request For Exemption from Immunizations

The State of Ohio (Ohio Revised Code 3313.672) requires all children enrolled in school to have the following immunizations: DTaP/DTP/DT, Tdap, Polio, MMR, Hepatitis B, Varicella, and Meningococcal. If you would like to exempt your student from any of these immunizations please indicate below:

- The date
- Your student's name, school and grade
- reason for exemption; medical, religious or "good cause"
- which immunization(s) you are exempting your child from
- sign and date

Date: _____ Student Name: _____
School: _____ Grade: _____

I am choosing ____ medical, ____ religious, ____ "good cause" exemption for my child from the following immunizations.

(If choosing a medical exemption, a signed physician note is required.)

DTaP/DPT #1 ____	Polio #1 ____	MMR #1 ____	Hep B #1 ____
DTaP/DPT #2 ____	Polio #2 ____	MMR #2 ____	Hep B #2 ____
DTaP/DPT #3 ____	Polio #3 ____	Varicella #1 ____	Hep B #3 ____
DTaP/DPT #4 ____	Polio #4 ____	Varicella #2 ____	
DTaP/DPT #5 ____	Polio #5 ____		

Tdap ____ (7th grade)

Meningococcal #1 ____ (7th grade)

Meningococcal #2 ____ (12th grade)

Parent/guardian signature

Date

Thank you,

Katie Landin, BSN, RN, LSN
District Nurse
Buckeye Valley Local Schools