



ASHLAND CITY SCHOOLS

Administrative Offices 1407 Claremont Ave PO Box 160 Ashland Ohio 44805 419-289-1117 Fax 419-289-2303

IMMUNIZATION EXEMPTION FORM

Name of Student _____ 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 immunization of my child against the following disease(s) for the reasons stated below:

- DISEASES:**
- | | |
|---|--|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella (chicken pox) |
| <input type="checkbox"/> Meningitis | |

Reasons: _____

I am aware that my child is subject to exclusion from the school in the event of any outbreak of the communicable disease(s) that are listed above, and that this exclusion may last for the duration of the outbreak, which could extend over a period of several weeks. I am also aware that this form is only good for one (1) school year and that it is my responsibility to submit a new form at the beginning of each school year.

Signature of Parent/Guardian

Date