

## Statement of Exemption from Immunization

Date: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, as parent

or guardian, decline to have my child, \_\_\_\_\_,

immunized for reasons of conscience, including religious convictions per Ohio

Revised Code 3313.671(B)(4).

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_