

Statement of Exemption from Immunization (pre-K)

Date: _____

Center: _____

Address: _____

To Whom It May Concern:

I, _____, as

- parent
- guardian *[choose one]*

decline to have my child, _____, immunized for

- reasons of conscience
- religious convictions *[choose one]*

per Ohio Revised Code 5104.014(C)(1)(b).

Signed: _____

Address: _____
