

Statement of Exemption from Immunization

Date: _____

School: _____

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 3313.671(B)(4).

Signed: _____

Address: _____
