



# Shaker Heights Schools

## **Parental Objection to Required Immunizations on Religious or Philosophical Grounds**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

As required by Section 3313.671 of the Ohio Revised Code, your signature below indicates that you as parent or guardian of the above named child do hereby formally object to the minimum immunization requirements established by the Ohio Department of Health.

Further, your signature indicates that you are fully aware of the fact that your child may be excluded from school during the course of an outbreak of any of the vaccine-preventable diseases (diphtheria, tetanus, pertussis, polio, rubeola, rubella, mumps meningococcal meningitis or tuberculosis) for the protection of your child as well as the balance of the school population. Exclusion would be from the first reported case and until 14 days after the last reported case.

Signature of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

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



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## Specific Statement of Parental Objection to Required Immunizations on Religious or Philosophical Grounds

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

My specific reasons for refusing to have my child immunized against poliomyelitis, diphtheria, rubeola (measles), rubella (German measles), mumps, pertussis, meningococcal meningitis tetanus and/or to have a tuberculin test are:

Signature of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

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

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

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For School Use Only

Date Received: \_\_\_\_\_ By: \_\_\_\_\_