Elmwood Local Schools

7650 Jerry City Road Bloomdale, Ohio 44817

K-12 IMMUNIZATION EXEMPTION FORM

Name of Student:		_
School Year:	Grade:	
I object to having the above studen (circle immunizations you are ob	nt immunized against one or more of the following diseases	3 :
KG & up requirements:		
Dtap (Diphtheria, Tetanus, F	Pertussis)	
Hepatitis B		
MMR (Measles, Mumps, Ru	ubella)	
Polio		
Varicella (chicken pox)		
7th grade & up requireme	nts:	
Tdap (Tetanus, Diphtheria,	Pertussis)	
MCV4 Meningococcal - dos	se #1	
12th grade requirements:		
MCV4 Meningococcal - dos	se #2	
-	d from the requirements of such immunizations for: (circle) a physician note ar	
Medic	cal Religious	
•	hat if there is an outbreak of any of the above diseases until it is considered safe for the child to return.	s my child may
Parent/Guardian signature		_