

Elmwood Local Schools

7650 Jerry City Road
Bloomdale, Ohio 44817

PRESCHOOL IMMUNIZATION EXEMPTION FORM

Name of Student: _____

School Year: _____ Grade: _____

I object to having the above student immunized against one or more of the following diseases:
(circle immunizations you are objecting)

Preschool requirements:

Dtap (Diphtheria, Tetanus, Pertussis)

Polio

Hepatitis A

Pneumococcal

Hepatitis B

Varicella (chicken pox)

Hib (Haemophilus influenzae type b)

Influenza (yearly flu shot)

MMR (Measles, Mumps, Rubella)

Rotavirus

I request that my child be exempted from the requirements of such immunizations for: **(circle appropriate reason)** ****Please note that medical exemptions must be accompanied by a physician note and signature****

Medical

Religious

Due to state laws, I understand that if there is an outbreak of any of the above diseases my child may not be allowed to attend school until it is considered safe for the child to return

Parent/Guardian signature

Date