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Immunization is against my belief for (check one):

_____ Religious Reasons

_____ Philosophical Reason

_____ Medical Reasons, please submit a completed written statement by a professional (MD, DO, CNP or PA) and attach to this form.

I hereby object and request the school to waive the immunization of my child against the following:

All vaccines _____

Dtap _____

Tdap _____

Polio _____

Measles, Mumps and Rubella _____

Hepatitis B _____

Varicella (chickenpox) _____

MCV4 (meningococcal) _____

I further understand that during the course of an outbreak of the diseases which immunizations are required, that the student name below is subject to exclusion from school functions for the duration of the outbreak.

STUDENT: _____

SIGNATURE: _____
(parent or guardian)

DATE: _____