



**Brunswick City School District**  
3643 Center Road Brunswick, Ohio 44212

### Immunization Exemption Form

Student's name \_\_\_\_\_

I, the parent or guardian of the above named child, hereby object to the immunization(s) checked below for the following reasons:

\_\_\_ Polio \_\_\_ Diphtheria/Pertussis/Tetanus (DPT) \_\_\_ Tdap \_\_\_ MMR \_\_\_ HepB

\_\_\_ Rubeola \_\_\_ Rubella \_\_\_ Mumps \_\_\_ Varicella (chicken pox)

\_\_\_ MCV4 (meningitis)

Reasons of conscience, including religious convictions.

Immunization medically contraindicated; a written, signed statement from your child's physician is required annually. If the medical condition is permanent, one letter is acceptable for the current and subsequent school years.

My child has had \_\_\_ Natural Rubeola  
\_\_\_ Natural Mumps  
\_\_\_ Natural Chicken Pox

I understand that during an outbreak of any vaccine preventable disease mentioned above, my child is subject to exclusion from school for the duration of the outbreak.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_