

[Your Full Name]
[Your Address]
[City, State, ZIP Code]
[Email Address or Phone Number, optional]

[Date][School Name]
[School Address]
[City, State, ZIP Code]

Attn: School Nurse / Principal / Immunization Records Coordinator Re: Immunization
Exemption for [Child's Full Name], DOB: [Child's Date of Birth], Grade: [Child's Grade]

Dear [Principal's Name or "To Whom It May Concern"],

Pursuant to Ohio Revised Code § 3313.671(B)(4), I am submitting this written statement as the
parent/legal guardian of the above-named pupil.

I hereby decline to have my child immunized against any and all diseases for which
immunization is required or requested for school attendance. This declination is for reasons of
conscience, including but not limited to religious and/or personal convictions.

My child is therefore exempt from the immunization requirements under Ohio law and should
not be denied admission or continued attendance on the basis of lacking immunization records.

Please accept this letter as the required documentation and add it to my child's health file. I am
happy to provide any additional school-required forms if needed.

Thank you for your attention to this matter.

Sincerely,

[Your Full Printed Name]
[Your Signature]
Date: [Date]