

Immunization Refusal Verification Form

Yellow Springs Exempted Village Schools
Yellow Springs, OH 45387

I am the parent/guardian of _____ who is a student of the Yellow Springs Schools. I wish to file my religious/philosophical/medical objection to school required immunizations for my child. I am aware that this objection will permit the attendance of my child to Yellow Springs even though immunizations have not been given. I am also aware that in the event of a communicable disease outbreak within the Yellow Springs Schools, my child is subject to exclusion from school until the danger of infection is deemed to have passed.

The following immunization(s) are required for school admission but have been declined:

| Required | School Required Immunizations | Refused |
|----------|--|---------|
| | DTaP - Diphtheria, Tetanus, acellular Pertussis vaccine | |
| | Tdap - Tetanus, diphtheria, acellular Pertussis vaccine | |
| | IPV - Polio vaccine | |
| | MMR - Measles, Mumps,, Rubella vaccine | |
| | Varicella - Chickenpox vaccine | |
| | Hep B - Hepatitis B vaccine | |
| | MCV4- meningococcal vaccine | |

Parent/guardian (print): _____

(signature): _____

(date): _____

| | |
|--|----------------------------|
| | School nurse verified |
| | Copy in Cum Folders |
| | DASL immunizations updated |