Jump Start Preschool LLC.

IMMUNIZATION EXEMPTION STATEMENT

Ohio law requires licensed child care programs to maintain immunization records or exemption statements for enrolled children.

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____

Program Name: Jump Start Preschool LLC.

Date: _____

I am requesting an exemption from immunization requirements for the child named above.

REASON FOR EXEMPTION (check all that apply):

- ☐ Reasons of conscience, including religious convictions
- ☐ Medical contraindication (attach statement from a licensed physician, physician assistant, or advanced practice registered nurse)

I DECLINE THE FOLLOWING IMMUNIZATIONS FOR MY CHILD (check all that apply):

- ☐ DTaP (Diphtheria, Tetanus, Pertussis)
- ☐ Polio
- ☐ Hib (*Haemophilus influenzae* type b)
- ☐ Hepatitis B
- ☐ Hepatitis A
- ☐ MMR (Measles, Mumps, Rubella)
- ☐ Varicella (Chickenpox)
- ☐ Pneumococcal
- ☐ Rotavirus
- ☐ Influenza
- ☐ Other: _____

I understand that during an outbreak of a vaccine-preventable disease, my child may be excluded from attendance as directed by public health authorities.

_____ _____

Parent/Guardian Signature **Date**

MEDICAL EXEMPTION (to be completed by licensed medical provider)

I certify that immunization against the disease(s) indicated above is medically contraindicated for this child.

Provider Name: _____

License Type (MD/DO/PA/APRN): _____

Signature: _____ **Date:** _____

This form will be kept in your child's file in accordance with Ohio child care licensing rules. *Rev. 05/2024*