

Spring Valley Academy  
1461 E. Spring Valley Pike  
Centerville, OH 45458

## IMMUNIZATION WAIVER

This form needs to be completed EACH SCHOOL YEAR to keep your child's school immunization record up-to-date.

As a parent/guardian of \_\_\_\_\_,  
whose date of birth is \_\_\_\_\_,

I understand that the immunization law ORC 3313.671 permits me to sign a waiver in place of meeting the required immunizations for school attendance for my child.

Please check the reason for the waiver:

- For reasons of conscience, including religious convictions.
- My child's medical provider has medically contraindicated immunizations for my child.

Please indicate which immunizations this waiver applies to:

- MMR (Measles, Mumps and Rubella Vaccine)
- Hep B (Hepatitis B Vaccine)
- IPV (Inactivated Polio Vaccine)
- Varicella (Chickenpox Vaccine)
- Dtap (Diphtheria, Tetanus and Pertussis Vaccine)
- Tdap (Tetanus, Diphtheria and Pertussis Vaccine)
- MCV4 (Meningococcal type ACWY Vaccine)

I understand that during the course of an outbreak of any of the vaccine-preventable diseases, it is possible my child may need to be excluded from school for the duration of the outbreak.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_