



Lorain City Schools

HEALTH SERVICES OBJECTION TO IMMUNIZATION

I object to having my child _____ immunized against the following:

(Check the blank after the immunization to which you object).

HBV	#1 _____	#2 _____	#3 _____			
D.P.T.	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____	#6 _____
Polio	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____	
MMR	#1 _____	#2 _____				
HIB	#1 _____	#2 _____	#3 _____	#4 _____		
Varicella (Chicken Pox)	#1 _____	#2 _____				
MEN #1	_____	#2 _____				

I object to the above immunizations because of (check one):

Medical _____ Religious _____ Philosophical _____ reasons.

If medical reasons are checked, a statement indicating such from a physician **MUST** be attached.

I further understand that if there is an outbreak of a disease for which my child is not immunized, he/she will be immediately excluded from school, until the outbreak is under control.

Signature _____ Date _____

M-7 Rev.06/22

Parent/Guardian



Lorain City Schools

HEALTH SERVICES OBJECTION TO IMMUNIZATION

I object to having my child _____ immunized against the following:

(Check the blank after the immunization to which you object).

HBV	#1 _____	#2 _____	#3 _____			
D.P.T.	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____	#6 _____
Polio	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____	
MMR	#1 _____	#2 _____				
HIB	#1 _____	#2 _____	#3 _____	#4 _____		
Varicella (Chicken Pox)	#1 _____	#2 _____				
MEN #1	_____	#2 _____				

I object to the above immunizations because of (check one):

Medical _____ Religious _____ Philosophical _____ reasons.

If medical reasons are checked, a statement indicating such from a physician **MUST** be attached.

I further understand that if there is an outbreak of a disease for which my child is not immunized, he/she will be immediately excluded from school, until the outbreak is under control.

Signature _____ Date _____

M-7 Rev. 06/22

Parent/Guardian