

## **Lorain City Schools**

## HEALTH SERVICES OBJECTION TO IMMUNIZATION

•	naving my chi	ld			immunized	3
Check the	blank after the	immunization to	which you object	t).		
HBV	#1	#2	#3	<del></del>		
D.P.T.	#1	#2	#3	#4	#5	#6
Polio	#1	#2	#3	#4	#5	
ИMR	#1	#2				
llB	#1	#2	#3	#4		
aricella (Chicke		#2				
/IEN #1	#2					
object to t	the above im	munizations ha	cause of (check	one).		
object to t	the above iiii	mamzations be	cause of (check	one).		
ledical	Religious	S Philoso	phical re	easons.		
				4		
medical re	easons are che	ecked, a stateme	ent indicating such	n from a physicia	in MUST be attac	ched.
further un	derstand tha	t if there is an o	outbreak of a dis	sease for which	n my child is not	t immunized, he/she wil
		om school, unt	til the outbreak	is under contro	ol.	The second second
		Signatur	e			Date
I-7 Rev.06/	/22			Parent/Guardiar	า	
1						
	40	L	orain C	ity Sch	ools	
	<b>1</b>			SERVICES		
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		<u>O</u> l	HEALTH BJECTION T	SERVICES O IMMUNIZ	ATION .	against the following:
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Parent/Guardian

Signature \_

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