Outreach Christian Preschool
PO Box 394, 470 Market St.
New Albany, OH 43054

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Immunization Record or Exemption Form

Student Name: _____ Date of Birth: _____

Immunization Requirement

Section 5104.014 of the Ohio Revised Code requires immunization against the following: Chicken pox, Diphtheria, Haemophilus influenza type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella, and Tetanus.

Please select **one** option:

☐ **I am submitting proof of immunizations.**

Healthcare Provider Name: _____

Required Attachment: Copy of immunization record including dates (MM/DD/YYYY format) of doses of all immunizations

☐ **I am requesting an exemption from the immunization requirement.**

I have declined to have my child immunized for reason of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):

_____

_____

Parent Certification

I certify that the information provided is accurate and complete. I understand that proof of immunization must be provided unless an exemption is marked.

Parent Signature: _____

Date: _____

For OCP office use only.

Date Received_____