

March 23, 2026

Chairperson Schmidt, Vice Chair Deeter, Ranking Member White, and members of the Health Committee,

Thank you for allowing me to testify today. My name is Thomas A. Nguyen, DO I am a primary care pediatrician in Northeast Ohio and a Clinical Adjunct Associate Professor of Pediatrics for Ohio University. I am strongly opposed to HB561.

I am opposed to HB561 for several reasons. The first of which is the vaccine requirements for daycare and preschool as currently written only require form JFS01305 which asks the parent that declines vaccines to check a box, sign, and date the form. I will include the relevant sections for your review. Asking parents to sign a form to opt out of state vaccine requirements is the bare minimum already and should not be modified.

Additionally, the bill weakens restrictions keeping unvaccinated children out of classes during outbreaks of disease; and reduces hepatitis B vaccination requirements in daycare and preschool. These essential public health interventions that may become necessary as more families opt out of vaccinating their children.

I ask you to consider my testimony and vote NO on this harmful bill. Thank you again for the opportunity to testify.



Thomas A. Nguyen, DO
Children's Physicians, Inc
Associate Professor of Pediatrics Ohio University
Defend Public Health Ohio

| | |
|--|--|
| IMMUNIZATION (Complete ONLY ONE SECTION below) Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases: Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus. | |
| Section B - To be completed by the EXAMINING HEALTHCARE PRACTITIONER: <input type="checkbox"/> The above named child has been immunized against the diseases listed above. <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i> | Initials of Examining Health Care Practitioner Date |
| Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): <input checked="" type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s): | Signature of Parent Date |