

School FAX Numbers:

- W.H.S., 330.335.1376
- W.M.S., 330.336.3820
- C.I.S., 330.335.1484
- Franklin, 330.335.1468
- Isham, 330.335.1330
- Lincoln, 330.335.1462
- Overlook, 330.335.1425
- Valley View, 330.335.1428

Dear Parent/Guardian:

Please read and sign the following form and return it to the school nurse at your child's school, as listed above. If you have any questions, you may contact the District's school nurse at 330.335.1403.

**Objection to Immunization and Request for Exemption
Pursuant to Sections 3701.13, 3313.671, and 5104.011(A)(5) of the
Ohio Revised Code and as amended**

Date: _____

I object to the following immunizations:

DTP _____	Measles _____	MMR _____	Polio _____
Td _____	Mumps _____	Varicella _____	Hib _____
Tdap _____	Hepatitis B _____	Rubella _____	

for (child's name) _____ due to the following reason of good cause, including philosophical or religious beliefs and medical exemptions.

Parent/Legal Guardian Signature

Physician Signature (medical exemption only)

I understand that if there is an outbreak of a disease in the school or school district for which my child is not immunized, s/he must be excluded from school for a minimum of twenty-one (21) days, or until the outbreak is declared over, in accordance with O.D.H. guidelines.

Parent/Legal Guardian Signature

Approved by District School Nurse

Date