



<input type="checkbox"/> Twinsburg High School	330.486.2400	<input type="checkbox"/> Samuel Bissell Elementary School	330.486.2100
<input type="checkbox"/> RB Chamberlin Middle School	330.486.2281	<input type="checkbox"/> Wilcox Primary School	330.486.2030
<input type="checkbox"/> George G. Dodge Intermediate School	330.486.2200		

MEDICAL, RELIGIOUS, OR PHILOSOPHICAL EXEMPTION FORM
Ohio Revised Code, Sections 3313.67 and 3313.671

Section 3313.67, part (3): A pupil who presents a written statement by his parents or guardian in which the parent or guardian objects to immunization for good cause, including religious convictions, is not required to be immunized.

Section 3313.671, part (4): A child whose physician certifies in writing that such immunization against any disease is medically contradicted is not required to be immunized against that disease.

This section does not limit or impair the right of a board of education of a city, exempted village, or local school districts to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis, tetanus and varicella of the pupils under its jurisdiction.

STUDENT NAME: _____ **DATE OF BIRTH:** _____

I, the parent or guardian of the above named child, hereby object to the immunization(s) listed for the following reasons: (Please list immunizations objected to and reasons.)

I further understand that during the course of an outbreak of any of the afore-mentioned vaccine-preventable diseases that the child named here is subject to exclusion from school for the duration of the outbreak.

This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Section 3313.67, part (3):

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name (Printed) _____

Address _____ Phone: _____

City / State / Zip _____

Section 3313.671, part (4):

Physician's Signature _____ Date: _____

Physician Name (Printed) _____