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|--------------------------------------------------------------|--------------|-----------------------------------------------------------|--------------|
| <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 3313.671

3313.671 Proof of required immunizations - exceptions

(B)(1) A pupil who has had natural rubeola, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against rubeola.

(B)(2) A pupil who has had natural mumps, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against mumps.

(B)(3) A pupil who has had natural chicken pox, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against chicken pox.

(B)(4) A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized.

(B)(5) A child whose physician certifies in writing that such immunization against any disease is medically contraindicated 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 mumps, poliomyelitis, rubeola, rubella, diphtheria, pertussis, tetanus, hepatitis B, varicella, HIB, TDap, and Meningococcal 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 put a check mark next to immunizations objected to and the reasons.)

- | | | | | |
|---------------|-------------------|-----------------------|-----------------|----------------|
| ___ Mumps | ___ Poliomyelitis | ___ Rubeola (Measles) | ___ Rubella | ___ Diphtheria |
| ___ Pertussis | ___ Tetanus | ___ Hepatitis B | ___ Chicken Pox | ___ Hib |
| ___ TDap | ___ Meningococcal | | | |

(Reasons)

___ Religious: _____

___ Good Cause: _____

___ Medical Reason: You must have a signed statement from your physician stating the condition and attach it to this form.

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.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name (Printed) _____

Address _____ Phone: _____

City / State / Zip _____