

School FAX Numbers:

- | | |
|---|--|
| <input type="checkbox"/> W.H.S., 330.335.1376 | <input type="checkbox"/> Isham, 330.335.1330 |
| <input type="checkbox"/> W.M.S., 330.336.3820 | <input type="checkbox"/> Lincoln, 330.335.1462 |
| <input type="checkbox"/> C.I.S., 330.335.1484 | <input type="checkbox"/> Overlook, 330.335.1425 |
| <input type="checkbox"/> Franklin, 330.335.1468 | <input type="checkbox"/> 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 listed below:

DTP _____	Measles _____	MMR _____	Polio _____
Td _____	Mumps _____	Varicella _____	Hib _____
Tdap _____	Hepatitis B _____	Rubella _____	Meningococcal _____ (7 th & 12 th Gr.)

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 may be excluded from school until the outbreak is declared over, in accordance with O.D.H. guidelines.

Parent/Legal Guardian Signature

Approved by District School Nurse

Date