



Westerville City Schools

936 Eastwind Drive, Westerville, OH 43081
Main Office (614) 797-5700 Fax (614) 797-5701

Department of Student Services

Immunization Exemption Form

Ohio Revised Code, Sections 3313.671, Part (4) and (5)

Vision

Our vision is to be the benchmark of educational excellence.

Mission

Our mission is to prepare students to contribute to the competitive and changing world in which we live.

Values

- Respect
- Inclusiveness
- Community
- Communication
- Collaboration
- Innovation
- Nurturing
- Trust
- Accountability

Section 3313.671, part (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.

Section 3313.671 part (5): A child whose physician certifies in writing that such immunizations against any disease are medically contraindicated is not required to be immunized against that disease.

I, the parent or guardian of the below named child, hereby object to the immunization(s) indicated for the following reasons:

- Diphtheria/Tetanus/Pertussis (DTP, DTaP, DT, Td, Tdap)** **Polio (OPV, IPV)**
- Measles/Mumps/Rubella (MMR)** **Hepatitis B (HBV)** **Varicella**
- Meningococcal serogroup ACWY**

PRESCHOOL ONLY:

- Hepatitis A** **Pneumococcal** **Haemophilus Influenzae Type b (Hib)**

Religious Conviction:

Good Cause: Please explain

Medical Reason: You must provide 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 aforementioned vaccine preventable diseases that the student 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.

Student’s Name _____

Parent/Guardian Signature _____ Date _____

Printed Name _____

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