Dugsiyada Magaalada Westerville

936 Eastwind Drive, Westerville, OH 43081
Xafiiska Guud (614) 797-5700 Fakis (614) 797-5701

Waaxda Adeegyada Ardayda

Foomka Ka dhaafitaanka Tallaalka

Xeerka Ohio ee dib-loo-eegay, Farqooyinka 3313.671, Qaybta (4) iyo (5)

Farqada 3313.671, qaybta (4): Ardayga la yimaada bayaan qoran oo ka socdo waalidka ama masuulka ardayga kaas oo waalidka ama masuulku ku diidayo in ilmaha la tallaalo sababo damiireed, oo ay ku jiraan aaminsanaan diimeed, looma baahna in la tallaalo.

Farqada 3313.671 qaybta (5): Ilmaha dhakhtarkiisu qoraal ku caddeeyo in tallaalada nooca cudurka uu ka hortaggo uu yahay mid liddi ku ah caafimaadka ilmaha, looma baahna in laga tallaalo cudurkaas.

Aniga, waalidka ama masuulka ilmaha hoos ku xusan, waxaan halkan ugu diidayaa tallaalka (tallaalada) la tilmaamay sababaha soo socda awgood:

[ ] **Gawracatada/Teetanada/Xiiq-dheerta (DTP, DTaP, DT, Td, Tdap)** **[ ] Dabaysha (OPV, IPV)**

[ ] Jadeecada/Qaamo-qashiirta/Jadeeco-jarmalka (MMR)

[ ] Cagaarshowga B (HBV) **[ ] Busbuska**

[ ] Caabuqa Meningokokal serogroup ACWY

FASALKA XANAANADA KALIYA:

[ ] Cagaarshowga A **[ ] Oof wareenka (Burkiito)** **[ ] Hargabka Haemophilus Nooca b (Hib)**

[ ] Aaminsanaan Diimeed:

[ ] Sabab Wacan: Fadlan sharax

_____

_____

_____

[ ] Sabab Caafimaad: Waa inaad bixisaa qoraal saxiixan oo ka socda dhakhtarkaaga oo sheegaya xaalada, waana inaad foomkan ku lifaaqdaa.

Waxaan kaloo fahamsanahay in haddii uu dillaaco cudur ka mid ah cudurada kor lagu xusay ee tallaalka looga hortagi karo iyadoo ardayga halkan lagu magacaabay laga reebay tallaalidda in laga saaro dugsiga muddada cudurka dillaacay uu socdo. Ka sokow ardaygan, ficilkan wuxuu laga maarmaan u yahay ilaalinta ardayda iyo macalimiinta kale ee dugsiga.

Magaca Ardayga_____

Saxiixa Waalidka/Masuulka _____Taariikhda_____

Magaca oo far ku Qoran_____

Dib-lo-eegay 9/2024

Himilo

Himiladeenu waa inaan jaangoyn u noqono heerka sare ahaanshaha waxbarashada.

Hadaf

Hadafkeenu waa inaan u diyaarino ardayda inay wax ku biiriyaan dunida tartanka iyo isbedelka badan ee aan ku nool nahay.

Qiyamka

Ixtiraam
Ka mid ahaanshaha
Bulshada
Wada xiriir
Wada shaqayn
Hal-abuur
Barbaarin
Is aaminid
Isla xisaabtan

Westerville City Schools

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

Department of Student Services

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

Immunization Exemption Form

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

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:

[ ] **Diptheria/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_____

Revised 9/2024