



Dugsiyada Magaalada Westerville

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

Waaxda Caafimaadka iyo Fayoobida Dhimirka

Himilo

Himiladeenu
waa'inaan
jaangoyn u
noqono heerka
sare ahaanshaha
waxbarashada.

Foomka Ka Dhaafitaanka Tallaalka Hargabka ee Fasalka Xanaanada Xeerk Ohio ee Dib loo eegay, Farqada 5104.014 Bayaanka caafimaadka ee tallaalka

Farqada 5104.014, qaybta (C)

(C) (1) Ilmaha loogama baahna in laga tallaalo cudur lagu qeexay qaybta (B) ee farqadan haddii ay iro mid ka mid ah kuwan soo socda:

- In tallaalka ka hortagga cudurka, uu caafimaad ahaan waxyeelaynayo ilmaha;
- In waalidka ama qofka ilmaha masuulka ka ah uu diiday in ilmaha laga tallaalo cudurka sababo la xiriira damiirka, oo ay ku jiraan aaminaadda diimeed;
- In tallaalka ka hortagga cudurka uusan ahayn mid caafimaad ahaan ku habboon da'da ilmaha.

Hadaf

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

Aniga, waalidka ama masuulka ilmaha hoos ku xusan, waxaan halkan ugu diidayaa tallaalka hergabka sababaha soo socda awgood:

[] Aaminsanaan Diimeed

[] Sabab Cudur-daar leh (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 hergab iyadoo ardayga halkan lagu magacaabay laga reebay tallaalka waxaa ardaygan laga saari karaa dugsiga muddada cudurka dillaacay uu socdo. Ka sokow ardaygan, ficilkan wuxuu laga maarmaan u yahay ilaalinta ardayda iyo macalimiinta kale ee dugsiga.

Qiyamka

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

Magaca Ilmaha: _____

Saxiixa Waalidka/Mas'uulka _____ Taariikhda _____

Magaca oo far ku Qoran _____

Dib-lo-eegay 8/2022



Westerville City Schools

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

Department of Mental Health and Wellness

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

Preschool Influenza Immunization Exemption Form

Ohio Revised Code, Section 5104.014 Medical statement of immunization

Section 5104.014, part (C)

(C)(1) A child is not required to be immunized against a disease specified in division (B) of this section if any of the following is the case:

- (a) Immunization against the disease is medically contraindicated for the child;
- (b) The child's parent or guardian has declined to have the child immunized against the disease for reasons of conscience, including religious convictions;
- (c) Immunization against the disease is not medically appropriate for the child's age.

I, the parent or guardian of the below named child, hereby object to the Influenza immunization for the following reasons:

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 influenza 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.

Child's Name _____

Parent/Guardian's Signature _____ Date _____

Printed Name _____

Revised 8/2022