



Westerville City Schools

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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 _____

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