



Cleveland Heights-University Heights City Schools  
Department Of Pupil Services

**Philosophical/Religious/Medical Exemption (circle)  
From State of Ohio Mandated Immunizations**

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

I, the parent/guardian of the above named student am applying for exemption for one or more of the immunization/s checked below:

<input type="checkbox"/>	DPT
<input type="checkbox"/>	POLIO
<input type="checkbox"/>	MEASLES
<input type="checkbox"/>	MUMPS
<input type="checkbox"/>	RUBELLA
<input type="checkbox"/>	HEPATITIS B
<input type="checkbox"/>	OTHER

For the following reasons:

---

---

---

---

---

I understand a medical exemption application must be accompanied by a signed statement from the child's medical doctor or osteopathic physical licensed in the state of Ohio. The statement must include the medical contradiction for the exemption.

Also, I understand that should there be an outbreak of any vaccine preventable disease, as objected to above, my child may be excluded from school during the course of this outbreak.

The acceptance of this/these reason/s is/are made by the Cleveland Heights-University Heights School Board and administration.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE