



## MEDICAL EXAM EXEMPTION REQUEST 2023-24 SCHOOL YEAR

### Health Services Board Policy 5310

[BoardDocs](#) - See Student/Section 5000/Health Services 5310po

The Board of Education may require students of the District to submit to periodic health examinations to:

- A. protect the school community from the spread of communicable disease;
- B. verify that each student's participation in health, safety, and physical education courses meets the student's individual needs;
- C. verify that the learning potential of each child is not lessened by a remediable physical disability.

The District may provide or request parents to provide:

- A. general physical examinations for athletics;
- B. dental examinations;
- C. tests for communicable disease;
- D. vision and/or audiometric screening;
- E. scoliosis tests.

The Board shall directly notify the parents of students, at least annually at the beginning of the school year, of the specific or approximate dates during the school year when any nonemergency, invasive physical examination or screening is scheduled or expected to be scheduled for students if the examination or screening is: (1) required as a condition of attendance; (2) administered by the school and scheduled by the school in advance; and (3) not necessary to protect the immediate health and safety of a specific student or other students.

The term "invasive physical examination" means any medical examination that involves the exposure of private body parts or any act during such examination that includes incision, insertion, or injection into the body but does not include a hearing, vision, or scoliosis screening.

Unless the physical examination or screening is permitted or required by an applicable State law, parents may refuse to allow the Board to administer a nonemergency, invasive physical examination or screening upon written notification to the Board within ten (10) days after receipt of the Board's annual public notice.

Any student who has been removed from a physical education class, athletic practice, or competition by a teacher, coach, or referee because the student is exhibiting signs, symptoms, or behaviors consistent with having sustained a concussion or head injury shall not be permitted to return to any physical education class, athletic practice, or competition for which the teacher, coach, or referee is responsible on the same day the student is removed. Thereafter, the student shall not be permitted to return to the activity for which the teacher, coach, or referee is responsible until both of the following occur:

- A. The student's condition is assessed by (1) a physician; (2) a licensed healthcare professional authorized by the Board, in accordance with requirements set forth in R.C. 3313.539(E)(2), to assess such a student; or (3) a licensed healthcare professional, each of whom must meet the minimum education requirements established by rules adopted under R.C. 3707.521 by the professional's licensing agency.
- B. The student receives written clearance that it is safe to return to physical education class, athletic practice, or competition from the physician or the licensed healthcare professional who assessed the student's condition.

Please note that the [Annual Update](#) (online) that the parent/guardian is required to complete for their student each school year provides a checkbox for a medical exam exemption.

If you prefer to request the medical exam exemption via this paper document, please print the entire document (both pages), complete the lines below, and submit the form (both pages) to Chardon Schools Head Nurse Chelsie Jackson at [chelsie.jackson@chardonschools.org](mailto:chelsie.jackson@chardonschools.org)

This form is for the 2023-24 school year. If you choose to use a paper form to opt out in subsequent years, you will need to return to the Health Services webpage to access the form for the current school year OR select the exemption in the online Annual Update.

**I, the parent/guardian of the below named student, request that my student is excluded from any invasive physical examination as defined in Health Services Board Policy 5310 as detailed above.**

**Student Name**

[FIRST & LAST]

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**Parent/Guardian Name**

[PLEASE PRINT]

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**Parent/Guardian Signature**

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**Date**

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