Washington State Department of HEALTH

CERTIFICATE OF EXEMPTION - PERSONAL/RELIGIOUS

For school, child care, and preschool immunization requirements

CHILD'S LAST NAME: **FIRST NAME:** **MIDDLE INITIAL:** **BIRTHDATE (MM/DD/YYYY):**

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted student/child may be excluded from school or child care settings and activities during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

PERSONAL/PHILOSOPHICAL OR RELIGIOUS EXEMPTION

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. **Select an exemption type and the vaccinations you wish to exempt your child from:**

PERSONAL/PHILOSOPHICAL EXEMPTION*			
☐ Diphtheria	☐ Hepatitis B	☐ Hib	☐ Pertussis (whooping cough)
☐ Pneumococcal	☐ Polio	☐ Tetanus	☐ Varicella (chickenpox)
**Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law.*			
RELIGIOUS EXEMPTION			
☐ Diphtheria	☐ Hepatitis B	☐ Hib	☐ Measles
☐ Mumps	☐ Pertussis (whooping cough)	☐ Pneumococcal	☐ Polio
☐ Rubella	☐ Tetanus	☐ Varicella (chickenpox)	

PARENT/GUARDIAN DECLARATION

One or more of the required vaccines are in conflict with my personal philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

_____ _____ _____

Parent/Guardian Name (Print) Parent/Guardian Signature Date

HEALTHCARE PRACTITIONER DECLARATION

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington state. My signature does not necessarily mean I endorse this decision.

_____ _____ _____

Licensed Health Care Practitioner Name (Print) Licensed Health Care Practitioner Signature Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA Washington License #: _____

RELIGIOUS MEMBERSHIP EXEMPTION (do not use this section if using the Religious Exemption section above)

Complete this section only if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

PARENT/GUARDIAN DECLARATION

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

_____ _____ _____

Parent/Guardian Name (Print) Parent/Guardian Signature Date

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Washington State Department of HEALTH

CERTIFICATE OF EXEMPTION - MEDICAL

For school, child care, and preschool immunization requirements

CHILD'S LAST NAME: **FIRST NAME:** **MIDDLE INITIAL:** **BIRTHDATE (MM/DD/YYYY):**

NOTICE: This form may be used to exempt a child from a vaccination requirement when a healthcare practitioner has determined specific vaccination is not advisable for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

MEDICAL EXEMPTION

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine, per RCW 28A.210.090. Providers can find guidance on medical exemptions by reviewing the contraindications and precautions in the appendix of the CDC Child and Adolescent Immunization Schedule or in the manufacturer's package inserts.

*Please indicate which vaccination the **medical exemption** is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt."*

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	☐	☐	☐	
Hepatitis B	☐	☐	☐	
Hib	☐	☐	☐	
Measles	☐	☐	☐	
Mumps	☐	☐	☐	
Pertussis	☐	☐	☐	
Pneumococcal	☐	☐	☐	
Polio	☐	☐	☐	
Rubella	☐	☐	☐	
Tetanus	☐	☐	☐	
Varicella	☐	☐	☐	

HEALTHCARE PRACTITIONER DECLARATION

I declare that vaccination for the disease(s) checked about is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington state, and the information provided on this form is complete and correct.

_____ _____ _____

Licensed Health Care Practitioner Name (Print) | Licensed Health Care Practitioner Signature | Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA Washington License #: _____

PARENT/GUARDIAN DECLARATION

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if a vaccine-preventable disease outbreak occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

_____ _____ _____

Parent/Guardian Name (Print) | Parent/Guardian Signature | Date

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.