

# Certificate of Exemption - Personal/Religious

From School, Childcare, and Preschool Immunization Requirements *Complete the box for the desired exemption type*



**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Birthdate (mm/dd/yyyy):** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**NOTICE:** A parent or guardian may exempt their child from some or all 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. Exempted children/students may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. The diseases vaccines can protect against still exist, and can spread quickly in school and child care settings. Immunizations are 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

Exemption Type:       Personal/Philosophical                       Religious

I am exempting my child from the requirement that my child be vaccinated against the following diseases to attend school or child care:

- |                                       |                                      |                                  |                                  |                                                 |                                                     |
|---------------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Diphtheria   | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib     | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps                  | <input type="checkbox"/> Pertussis (whooping cough) |
| <input type="checkbox"/> Pneumococcal | <input type="checkbox"/> Polio       | <input type="checkbox"/> Rubella | <input type="checkbox"/> Tetanus | <input type="checkbox"/> 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 below. I have received notice that if an outbreak of vaccine-preventable disease for which my child is exempted occurs, my child may be excluded from the school or child care center for the duration of the outbreak. The information on this form is complete and correct.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW, and the information provided on this form is complete and correct.

MD    ND    DO    ARNP    PA

\_\_\_\_\_  
Licensed Health Care Practitioner Name (print)

\_\_\_\_\_  
Licensed Health Care Practitioner Signature

\_\_\_\_\_  
Date

## Religious Membership Exemption

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 that I am a member of a church or religion whose teaching preclude health care practitioners from providing medical treatment to my child. I have received notice that if an outbreak of vaccine-preventable disease for which my child is exempted occurs, my child may be excluded from the school or child care center for the duration of the outbreak. The information on this form is complete and correct.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Name of Church or Religion of which you are a member: \_\_\_\_\_

# Certificate of Exemption - Medical

From School, Childcare, and Preschool Immunization Requirements *Complete the box for the desired exemption type*



**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Birthdate** (mm/dd/yyyy): \_\_\_\_\_ **Gender:** \_\_\_\_\_

**NOTICE:** A parent or guardian may exempt their child from some or all 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. Exempted children/students may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. The diseases that vaccines can protect against still exist, and can spread quickly in school and child care settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

**Medical Exemption** *Licensed Health Care Practitioner (MD, ND, DO, ARNP, PA) completes this section.*

A health care practitioner may grant a medical exemption to a vaccine antigen required by rule of the state board of health only if in his or her medical judgment, the vaccine antigen is not advisable for the child. When it is determined that this particular vaccine antigen is no longer contraindicated, the child will be required to have the vaccine ([RCW 28A.210.090](http://RCW 28A.210.090)). Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturer's package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Please indicate which vaccine antigen(s) the **medical** exemption is referring to:

Disease	Permanent	Temporary	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	

I declare that vaccination for the disease/s checked above is 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 am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW, and the information provided on this form is complete and correct.

MD  ND  DO  ARNP  PA

\_\_\_\_\_  
Licensed Health Care Practitioner Name (print)

\_\_\_\_\_  
Licensed Health Care Practitioner Signature

\_\_\_\_\_  
Date

**Parent/Guardian Declaration**

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

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date