

Washington State Department of Health Certificate of Exemption—Personal/Religious For School, Child Care, and Preschool Immunization Requirements

1850	Tor School, ering care, a	and resenoor minimumzation is	tequirements	
Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):	
child's school and/or child car which the vaccination offers p an outbreak of the disease tha	protection. An exempted child/student at they have not been fully vaccinated gs. Immunization is one of the best wa	from a vaccination is considere t may be excluded from school l against. Vaccine-preventable	ed at risk for the disease or diseases for I or child care settings and activities durir diseases still exist, and can spread quickl	_
-	cal or Religious Exemption			
I am exempting my child from	n the requirement my child be vaccinated the vaccinations you wish to exempt		ase(s) to attend school or child care.	
PERSONAL/PHILO	OSOPHICAL EXEMPTION*			
☐ Diphtheria	☐ Hepatitis B	☐ Hib	☐ Pneumococcal	
□ Polio	☐ Pertussis (whooping cough)	☐ Tetanus	☐ Varicella (chickenpox)	
*Measles, mumps, or rube	ella may not be exempted for personal/phi	ilosophical reasons per state law		
RELIGIOUS EXEM	PTION			
☐ Diphtheria	☐ Hepatitis B	□ Hib	☐ Pneumococcal	
□ Polio	☐ Pertussis (whooping cough)	☐ Tetanus	☐ Varicella (chickenpox)	
☐ Measles	☐ Mumps	☐ Rubella		
occurs for which my child is ex information on this form is cor $oldsymbol{X}$		om their school or child care fo		
Parent/Guardian Name (print)	Parer	nt/Guardian Signature	Date	
	and risks of immunizations with the par RNP, or PA licensed in Washington Stat		ition for exempting their child. I certify I	
		nse #		
	f you belong to a church or religion tha vaccinations but the beliefs or teaching		al treatment. Use the section above if you llow for your child to be treated by medic	
health care practitioners to given which my child is exempted, not this form is complete and correct X	dian of the above-named child. I affirm ive medical treatment to my child. I haw my child may be excluded from their so rect.	ave been told if an outbreak of chool or child care for the dura	r religion whose teaching does not allow vaccine-preventable disease occurs for ation of the outbreak. The information or	
Parent/Guardian Name (print)) Paren	nt/Guardian Signature	Date	



Certificate of Exemption—Medical For School, Child Care, and Preschool Immunization Requirements

Child's Last Name:	First	Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
specific vaccination is by the parent/guardia	not advisable for t an. An exempted ch	he child for medical reas nild/student may be excl	ons. This form must be co uded from school or child	when a health care practitioner has determin impleted by a health care practitioner and sig care during an outbreak of the disease they h quickly in school and child care settings.
in their judgment, the contraindicated, the by reviewing Advisor Prevention publication can be found at: www.	ioner may grant a re vaccine is not advectine is not advectified will be requirely Committee on Import, "Guide to Vaccimu.cdc.gov/vaccine."	visable for the child. Who ed to have the vaccine (Formunization Practices (Aline Contraindications and the medical exemption of the medical exemp	en it is determined that th RCW 28A.210.090). Provid CIP) recommendations via d Precautions," or the mar eral-recs/contraindication	the Washington State Board of Health only if is particular vaccine is no longer ers can find guidance on medical exemptions the Centers for Disease Control and nufacturer's package insert. The ACIP guide ons.html.
Disease			Tomporory Evompt	Expiration Date for Temporary Medical
	Not Exempt	Permanent Exempt	Temporary Exempt □	Expiration Date for Temporary Medical
Diphtheria Hepatitis B				
Hib				
Measles				
Mumps				
Pertussis				
Pneumococcal				
Polio				
Rubella				
Tetanus				
Varicella				
immunizations with t licensed in Washington	ation for the diseas the parent/legal gu	e(s) checked above is/are ardian as a condition for		ild. I have discussed the benefits and risks of ertify I am a qualified MD, ND, DO, ARNP or P, correct.
X Licensed Health Care ☐ MD ☐ ND ☐			Health Care Practitioner S	
told if an outbreak of	benefits and risks of vaccine-prevental	of immunizations with thole disease occurs for wh		granting this medical exemption. I have been my child may be excluded from their school of correct.
X Parent/Guardian Nar	me (print)	P	arent/Guardian Signature	Date