

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):
child's school and/or child care which the vaccination offers p an outbreak of the disease tha	rotection. An exempted child/student at they have not been fully vaccinated gs. Immunizations are one of the best	rom a vaccination is consider may be excluded from schoo against. Vaccine preventable	ubmitting this completed form to the red at risk for the disease or diseases for ol or child care settings and activities during e diseases still exist, and can spread quickly getting and spreading diseases that may
I am exempting my child from	al or Religious Exemption the requirement my child be vaccinat the vaccinations you wish to exempt		ease(s) to attend school or child care.
PERSONAL/PHILO	SOPHICAL EXEMPTION*		
☐ Diphtheria	☐ Hepatitis B	□ Hib	☐ Pneumococcal
□ Polio	☐ Pertussis (whooping cough)	☐ Tetanus	☐ Varicella (chickenpox)
*Measles, mumps, or rube	la may not be exempted for personal/ph	ilosophical reasons per state lav	N
RELIGIOUS EXEM	PTION		
☐ Diphtheria	☐ Hepatitis B	□ Hib	☐ Pneumococcal
□ Polio	□ Pertussis (whooping cough)	☐ Tetanus	☐ Varicella (chickenpox)
☐ Measles	☐ Mumps	☐ Rubella	
Parent/Guardian Name (print) Health Care Practition	ner Declaration	nt/Guardian Signature	Date
	nd risks of immunizations with the pa		lition for exempting their child. I certify I
Licensed Health Care Practition	ner Name (print) Licensed Heal	th Care Practitioner Signatur	e Date
□MD □ND □DO □A	RNP PA Washington Licer	se #	
have a religious objection to v professionals such as doctors Parent/Guardian Dec I am the parent or legal guard	you belong to a church or religion tha accinations but the beliefs or teaching and nurses.		al treatment. Use the section above if you allow for your child to be treated by medical
which my child is exempted, n	ian of the above-named child. I affirm ve medical treatment to my child. I ha ny child may be excluded from their so	ve been told if an outbreak o	or religion whose teaching does not allow of vaccine-preventable disease occurs for ration of the outbreak. The information on
which my child is exempted, n this form is complete and corr	ian of the above-named child. I affirm ve medical treatment to my child. I ha ny child may be excluded from their so	ve been told if an outbreak o chool or child care for the du	of vaccine-preventable disease occurs for ration of the outbreak. The information on



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



				1889
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 c	the child for medical reas hild/student may be excl	ons. This form must be couded from school or child	when a health care practitioner has determined ompleted by a health care practitioner and signe care during an outbreak of the disease they have quickly in school and child care settings.
in his or her judgmen contraindicated, the by reviewing Advisor Prevention publication can be found at: www.cdc.gov/vaccontracters/ Please indicate w	ioner may grant and the control of t	ot advisable for the child. The ded to have the vaccine (Formunization Practices (Advised Contraindications and Contraindications) The medical extrapolation of the medical extrapolation and the medical extrapolation of	When it is determined the RCW 28A.210.090). Providing the RCW 28A.210.090 Provide It is a second to the manual precautions," or the manual indications.html	The Washington State Board of Health only if nat this particular vaccine is no longer lers can find guidance on medical exemptions a the Centers for Disease Control and nufacturer's package insert. The ACIP guide
certain antigen(s				
Disease	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	ation for the diseas the parent/legal gu	e/s checked above is not lardian as a condition for		have discussed the benefits and risks of ertify I am a qualified MD, ND, DO, ARNP or PA correct.
Licensed Health Care			Health Care Practitioner S	ignature Date
told if an outbreak o	benefits and risks of vaccine-preventa	of immunizations with the ble disease occurs for wh	•	granting this medical exemption. I have been my child may be excluded from their school or correct.
 Parent/Guardian Na	 me (print)	P	arent/Guardian Signature	 e Date