Washington State Department of Health

DOH 348-106 June 2011

Certificate of Exemption

For School, Child Care and Preschool Immunization Requirements[1]

DIRECTIONS: All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement').[2] Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement').

Child's Last Name:	**First Name:**	**Middle Initial:**	**Birthdate** (mm/dd/yyyy): **Sex:**	**Parent/Guardian Name** (please print):

Parent/Guardian, please choose the exemption(s) that apply to your child below.

☐ **Temporary Medical Exemption**

☐ **Permanent Medical Exemption**

_____ Until _____

Vaccine(s) Date (or Permanent)

Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

X _____ X _____

Signature of Licensed Health Care Provider Date

☐ **Personal/Philosophical Exemption (see Box 1)**

☐ **Religious Exemption (see Box 1)**

☐ **Religious Membership Exemption (see Box 2)**

I do not want my child to get the following vaccine(s):

☐ Diphtheria	☐ Hepatitis B	☐ Hib
☐ Measles	☐ Mumps	☐ Pertussis (whooping cough)
☐ Pneumococcal	☐ Polio	☐ Rubella
☐ Tetanus	☐ Varicella (chickenpox)	

☐ Other (indicate):

Box 1

Provider Statement[2]: "I,_____, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons."

X _____

Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

X _____

Date

Box 2

Parent/Guardian Demonstration of Religious Membership: "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption."

X _____

Name of Church or Religious Body

X _____ X _____

Signature of Parent or Guardian Date

Box 3

Parent/Guardian Statement: "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be **excluded** from school, child care, or preschool until the outbreak is over."

X _____ X _____

Signature of Parent or Guardian Date

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

[1] RCW 28A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and a licensed health care provider.

[2] A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.