

Staff Signature _____

Date: _____ Exemption: YES ☐ NO ☐
(see back)



Statement of Exemption to Immunization Law

NOTICE:

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

☐ Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

Vaccine(s) _____ Until _____ Date _____

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

Licensed Health Care Provider Signature _____ Date _____

☐ Personal Exemption ☐ Religious Exemption

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak.

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

Vaccine(s)

Signature of Parent or Guardian _____ Date _____

Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella/varicella.
(please circle)

Attach TITER results

TYPE or PRINT Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider's Signature or Stamp _____ Date _____

For More Information

<http://www.doh.wa.gov/cfh/Immunize/documents/childschedule05.pdf>

<http://www.doh.wa.gov/cfh/Immunize/schools.htm>