

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.

<input type="checkbox"/> 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

<input type="checkbox"/> Personal Exemption	<input type="checkbox"/> 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.	
Attach TITER results	(please circle)

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.cdc.gov/nip/recs/child-schedule-color-print.pdf>

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