

## Certificate of Exemption

FOR OFFICE USE ONLY CHILD'S LAST NAME

FIRST NAME

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PART 1: PARENT OR GUARDIAN INSTRUCTIONS	PART 2: HEA		ROVIDER		
In order for this form to be valid for religious, personal, philosophical, or medical reasons, please: Step 1: Fill in your child's information in Boxes 1-4 Step 2: Read the Parent/Guardian Declaration Step 3: Provide your initials where indicated Step 4: Print your name, sign, and date in Boxes 5-6 Step 5: Have a provider complete Part 2 of this form	<ul> <li>In order for this form to be valid, please:</li> <li>Step 1: Mark which disease(s) and what type of exemption is requested. If medical write a T for Temporary or P for Permanent.</li> <li>Step 2: Discuss the benefits and risks of immunizations with the parent or guardian</li> <li>Step 3: Read the Provider Declaration</li> <li>Step 4: Print your name, credentials, sign, and date in Boxes 7-8</li> </ul>				
1. Child's Last Name	Vaccine	Personal/ Philosophical	Religious	Medical (T/P)**	Expiration Date for Temporary Medical
	Diphtheria				
2. Child's First Name and Middle Initial	Hepatitis B				
	Hib				
3. Birthdate (mm/dd/yyyy) 4. Gender	Measles				
	Mumps				
	Pertussis				
I am the parent or legal guardian of the above	Pneumococcal				
named child. One or more required vaccines	Polio				
are in conflict with my personal, philosophical,	Rubella				
or religious beliefs.	Tetanus				
Parent/Guardian Declaration	Varicella				
I understand that:	All				
<ul> <li>My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against (initial)</li> <li>Exempting my child from any or all required vaccine(s) may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child (initial)</li> <li>The information provided on this form is complete and correct (initial)</li> <li>Print Parent/Guardian Name</li> </ul>	<ul> <li>**A provider may grant a medical exemption only if there is a medical contraindication to a vaccine.</li> <li>Provider Declaration <ul> <li>I declare that:</li> <li>I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child.</li> <li>I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW.</li> <li>The information provided on this form is complete and correct.</li> </ul> </li> <li>7. Print Provider Name and Credential (MD, ND, DO, ARNP, PA)</li> </ul>				
				ויעד (MD, ND, DC	J, AKNY, YA)
6. Parent/Guardian Signature and Date	8. Provider Signature and Date				
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<sup>1</sup>RCW 28A.210.080-090 "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 is either A) signed by a licensed healthcare provider or B) demonstrates membership in a church or religious body that precludes healthcare practitioners from providing medical treatment to children."



## NOTICE: Complete this side if you belong to a church or religion that objects to the use of medical treatment.<sup>1</sup>

If you have a religious objection to vaccinations, but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses, then you must use Side A of this Certificate of Exemption.

PARENT OR GUARDIAN INSTRUCTIONS
<ul> <li>In order for this form to be legally valid for religious membership reasons, please:</li> <li>Step 1: Fill in your child's information in Boxes 1-4</li> <li>Step 2: Read the Parent/Guardian Declaration and provide your initials where indicated</li> <li>Step 3: Provide the name of the church or religion of which you are a member, and print your name, sign, and date in Boxes 5-7</li> </ul>
1. Child's Last Name 2. Child's First Name and Middle Initial
3. Birthdate (mm/dd/yyyy)       4. Gender        /       □ M □ F
I am the parent or legal guardian of the above named child and I am exempting my child from all required vaccinations. Parent/Guardian Declaration
I understand that:
<ul> <li>My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against (initial)</li> </ul>
<ul> <li>Exempting my child from all required vaccines may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child (initial)</li> </ul>
<ul> <li>The information provided on this form is complete and correct (initial)</li> </ul>
I affirm that I am a member of a church or religion whose teachings preclude healthcare practitioners from providing any medical treatment to my child.
5. Name of Church or Religion of Which You Are a Member 6. Print Parent/Guardian Name
7. Parent/Guardian Signature and Date

1RCW 28A.210.090 "The parent of legal guardian demonstrates membership in a religious body or a church in which the religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child."

FIRST NAME

FOR OFFICE USE ONLY CHILD'S LAST NAME