

## **Certificate of Exemption**



For School, Child Care and Preschool Immunization Requirements<sup>1</sup>

date Box 1 ('Provider Statement	t'). $^2$ Exception: Box 1 is not re	equired for religious exe	mptions when Box 2	('Demonstration of I	Religious Membership') is completed.	
Child's Last Name:	First Name:	Middle Initial:	Birthdate (mm/d		Parent/Guardian Name (please print):	
Parent/Guardian, please	choose the exemption	· · · · · · · · · · · · · · · · · · ·				
☐ Temporary Medical Exemption			☐ Personal/Philosophical Exemption			
☐ Permanent Medical Exemption		☐ Religious Exemption				
	Until		□ Religious Me	embership Exe	emption (see Box 2)	
Vaccine(s) Date (or Permanent)		(or Permanent)	I do not want my child to get the following vaccine(s):			
1 3.035(0)		` ,	□ Diphtheria	☐ Hepatitis B	□ Hib	
Drint Name of Licensed Llee	Ith Core Describer are no ve		□ Measles	☐ Mumps	☐ Pertussis (whooping cough)	
Print Name of Licensed Hea	lith Care Provider (MD, DO, NE	•	☐ Pneumococcal	□ Polio	Rubella	
x	Х		□ Tetanus	☐ Varicella (chi	ckenpox)	
Signature of Licensed Hea	alth Care Provider Da	te	☐ Other (indicate):			
Box 1 Box 2						
Provider Statement <sup>2</sup> : "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."		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				
a qualified provider (MD, DO, RCW. I confirm that the parei (Parent/Guardian Statement) and risks of immunization to their child for medical, religion	, ND, PA, ARNP) licensed nt or guardian signing in E ) has received information their child as a condition for	I under Title 18 Box 3 on the benefits or exempting	member of a chu for medical treatr information reques Box 1 is required	rch or religious bo ment from a health ested below, no fu for this religious o	ody whose beliefs or teachings do not allow a care practitioner. By supplying the rther proof or signed provider statement in exemption."	
a qualified provider (MD, DO, RCW. I confirm that the parei (Parent/Guardian Statement) and risks of immunization to their child for medical, religion	, ND, PA, ARNP) licensed nt or guardian signing in E ) has received information their child as a condition fous, us, personal, or philosoph	l under Title 18 Box 3 on the benefits or exempting ical reasons."	member of a chu for medical treatr information reques Box 1 is required	rch or religious bo ment from a health ested below, no fu for this religious o	ody whose beliefs or teachings do not allow a care practitioner. By supplying the rther proof or signed provider statement in exemption."	
a qualified provider (MD, DO, RCW. I confirm that the parer (Parent/Guardian Statement) and risks of immunization to their child for medical, religion X  Signature of Licensed Health X	, ND, PA, ARNP) licensed nt or guardian signing in E ) has received information their child as a condition fous, us, personal, or philosoph	l under Title 18 Box 3 on the benefits or exempting ical reasons."	member of a chu for medical treatr information reque Box 1 is required X Name of Church	rch or religious bo ment from a health ested below, no fu for this religious of or Religious Body	ody whose beliefs or teachings do not allow a care practitioner. By supplying the rther proof or signed provider statement in exemption."	
a qualified provider (MD, DO, RCW. I confirm that the parei (Parent/Guardian Statement) and risks of immunization to their child for medical, religion X  Signature of Licensed Health	, ND, PA, ARNP) licensed nt or guardian signing in E ) has received information their child as a condition fous, us, personal, or philosoph	l under Title 18 Box 3 on the benefits or exempting ical reasons."	member of a chu for medical treatr information reque Box 1 is required X Name of Church X	rch or religious bo ment from a health ested below, no fu for this religious of or Religious Body	dy whose beliefs or teachings do not allow a care practitioner. By supplying the rther proof or signed provider statement in exemption."	
a qualified provider (MD, DO, RCW. I confirm that the parer (Parent/Guardian Statement) and risks of immunization to their child for medical, religion X  Signature of Licensed Health X	, ND, PA, ARNP) licensed nt or guardian signing in E ) has received information their child as a condition fous, us, personal, or philosoph	I under Title 18 Box 3 on the benefits or exempting ical reasons."	member of a chu for medical treatr information reque Box 1 is required X Name of Church X	rch or religious bo ment from a health ested below, no fu for this religious of or Religious Body	dy whose beliefs or teachings do not allow a care practitioner. By supplying the rther proof or signed provider statement in exemption."	
a qualified provider (MD, DO, RCW. I confirm that the parer (Parent/Guardian Statement) and risks of immunization to their child for medical, religion X  Signature of Licensed Health X  Date  Parent/Guardian Stater outbreak of a vaccine-preven religious reasons), my child not seem to see the parent of the par	, ND, PA, ARNP) licensed nt or guardian signing in E ) has received information their child as a condition fus, personal, or philosoph h Care Provider (MD, DO, N ment: "I certify that all thatable disease my child ha	l under Title 18 Box 3 on the benefits or exempting ical reasons."  D, PA, ARNP)  B e information provides s not been fully immu	member of a chu for medical treatr information reque Box 1 is required X  Name of Church X  Signature of Pare on this certificate inized against (as in the formation of the control of th	rch or religious bornent from a health ested below, no fur for this religious or Religious Body ent or Guardian is correct and verindicated above, for care, or preschool	ady whose beliefs or teachings do not allow a care practitioner. By supplying the rther proof or signed provider statement in exemption."  X  Date  ifiable. I understand that if there is an r medical, personal/philosophical or I until the outbreak is over."	
a qualified provider (MD, DO, RCW. I confirm that the parei (Parent/Guardian Statement) and risks of immunization to their child for medical, religion X  Signature of Licensed Health X  Date  Parent/Guardian States outbreak of a vaccine-preventing RCW.	nt or guardian signing in E has received information their child as a condition fus, personal, or philosoph h Care Provider (MD, DO, N ment: "I certify that all the hable disease my child hamay be at risk for disease	l under Title 18 Box 3 on the benefits or exempting ical reasons."  D, PA, ARNP)  B e information provides s not been fully immu	member of a chu for medical treatr information reque Box 1 is required X  Name of Church X  Signature of Pare on this certificate inized against (as in the formation of the control of th	rch or religious bornent from a health ested below, no fur for this religious or Religious Body ent or Guardian is correct and verindicated above, for care, or preschool	ady whose beliefs or teachings do not allow a care practitioner. By supplying the rther proof or signed provider statement in exemption."  X  Date  ifiable. I understand that if there is an r medical, personal/philosophical or	

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).

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> 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.