



# 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/schools/default.htm>