



# 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.cdc.gov/nip/recs/child-schedule.htm#Printable>

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