

# Certificate of Exemption

**SIDE A:**  
For Religious, Personal,  
Philosophical, and Medical  
Exemptions<sup>1</sup>

FOR OFFICE USE ONLY CHILD'S LAST NAME

FIRST NAME

M.I.

## PART 1: PARENT OR GUARDIAN INSTRUCTIONS

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**

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy)

4. Gender

- Male  
 Female

*I am the parent or legal guardian of the above named child. One or more required vaccines are in conflict with my personal, philosophical, or religious beliefs.*

### Parent/Guardian Declaration

I understand that:

- 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)**
- 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)**
- The information provided on this form is complete and correct. \_\_\_\_\_ **(initial)**

5. Print Parent/Guardian Name

6. Parent/Guardian Signature and Date

## PART 2: HEALTHCARE PROVIDER INSTRUCTIONS

In order for this form to be valid, please:

- Step 1:** Mark which disease(s) and what type of exemption is requested. If medical write a **T** for Temporary or **P** for Permanent.
- Step 2:** Discuss the benefits and risks of immunizations with the parent or guardian
- Step 3:** Read the Provider Declaration
- Step 4:** Print your name, credentials, sign, and date in Boxes 7-8

Disease	Personal/ Philosophical	Religious	Medical (T/P)**	Expiration Date for Temporary Medical
Diphtheria				
Hepatitis B				
Hib				
Measles				
Mumps				
Pertussis				
Pneumococcal				
Polio				
Rubella				
Tetanus				
Varicella				
All				

**\*\*A provider may grant a medical exemption only if there is a valid medical contraindication to a vaccine.**

### Provider Declaration

I declare that:

- I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child.
- I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW.
- The information provided on this form is complete and correct.

7. Print Provider Name and Credential (MD, ND, DO, ARNP, PA)

8. Provider Signature and Date

<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."

# Certificate of Exemption

**SIDE B:**  
For Religious Membership  
Exemption ONLY

FOR OFFICE USE ONLY CHILD'S LAST NAME

**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

In order for this form to be legally valid for religious membership reasons, please:

**Step 1:** Fill in your child's information in Boxes 1-4

**Step 2:** Read the Parent/Guardian Declaration and provide your initials where indicated

**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

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:

- 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)**
- 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)**
- The information provided on this form is complete and correct. \_\_\_\_\_ **(initial)**

**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

<sup>1</sup>RCW 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

M.I.