

EXEMPTIONS 101



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What is a religious exemption?

Religious exemptions are used when a parent has a sincerely held belief that prohibits their child/children from receiving vaccinations.

How Do I Get an exemption?

Because each state sets their own laws, every process is different for each state.

It can also depend on the school. Your school may have their own form for you to complete.

Exemption Form

Washington Requirements



Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption
I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Polio	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)
<i>*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law</i>			
RELIGIOUS EXEMPTION			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Polio	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	

Parent/Guardian Declaration
One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

Health Care Practitioner Declaration
I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

Licensed Health Care Practitioner Name (print) _____ Licensed Health Care Practitioner Signature _____ Date _____
 MD ND DO ARNP PA Washington License # _____

RELIGIOUS MEMBERSHIP EXEMPTION
Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above 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.

Parent/Guardian Declaration
I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

Religious Exemption: To be used when the parent/guardian has a religious belief that is contrary to the required immunization. This requires the signature of a health care practitioner that they have provided the parent with information about the benefits and risks of immunization for the child.

Religious Membership Exemption: To be used when the parent/guardian affirms membership in a church or religious body that does not allow them to take their child for medical treatment from a health care practitioner (MD, DO, NP, PA, ARNP). This exemption does not need a healthcare practitioner signature. If the parent or guardian has a religious objection to the vaccine but takes their child to see a health care practitioner for things like illness and injury care this is not the appropriate exemption. They should use the Religious Exemption area of the COE which must have a healthcare practitioner signature. RCW 28A.210.090.