

Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

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

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt.":

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	☐	☐	☐	
Hepatitis B	☐	☐	☐	
Hib	☐	☐	☐	
Measles	☐	☐	☐	
Mumps	☐	☐	☐	
Pertussis	☐	☐	☐	
Pneumococcal	☐	☐	☐	
Polio	☐	☐	☐	
Rubella	☐	☐	☐	
Tetanus	☐	☐	☐	
Varicella	☐	☐	☐	

Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. 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, and the information provided on this form is complete and correct.

X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Washington License # _____

Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. 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.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Apellido del niño: Nombre: Inicial del segundo nombre: Fecha de nacimiento (mm/dd/aaaa):

AVISO: Es posible que este formulario se utilice para eximir a un niño del requisito de la vacunación ante la decisión de un profesional de atención médica de que una vacunación específica no es recomendable para el niño por motivos médicos. Un profesional de atención médica debe completar este formulario y el padre o tutor debe firmarlo. Es posible que el niño o estudiante eximido sea excluido de la escuela o del centro de cuidado infantil durante un brote de la enfermedad contra la cual no han sido vacunados completamente. Las enfermedades prevenibles por las vacunas aún existen y pueden transmitirse con rapidez en los entornos escolares y de cuidado infantil.

Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in his or her judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at:

www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

Please indicate which vaccine antigen(s) the **medical** exemption is referring to. If the patient is not exempt from certain antigen(s), mark "not exempt."

Disease (Enfermedad)	Not Exempt (No exento)	Permanent Exempt (Exento permanente)	Temporary Exempt (Exento temporal)	Expiration Date for Temporary Medical (Fecha de vencimiento para el exento temporal)
Diphtheria (difteria)	☐	☐	☐	
Hepatitis B (hepatitis B)	☐	☐	☐	
Hib (hib)	☐	☐	☐	
Measles (sarampión)	☐	☐	☐	
Mumps (paperas)	☐	☐	☐	
Pertusis (tos ferina)	☐	☐	☐	
Pneumococcal (neumococo)	☐	☐	☐	
Polio (polio)	☐	☐	☐	
Rubella (rubéola)	☐	☐	☐	
Tetanus (tétanos)	☐	☐	☐	
Varicella (varicela)	☐	☐	☐	

Health Care Practitioner Declaration

I declare that vaccination for the disease/s checked above is not advisable for this child. 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, and the information provided on this form is complete and correct.

X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Washington License # _____

Declaración del padre o tutor (Parent/Guardian Declaration)

He analizado los beneficios y los riesgos de las inmunizaciones con el profesional de atención médica que otorga esta exención médica. Me informaron que, si ocurre un brote de una enfermedad prevenible con vacunas de la cual mi hijo está exento, es posible que se excluya a mi hijo de su escuela o centro de cuidado infantil mientras dure el brote. La información en este formulario está completa y es correcta.

X

Nombre del padre o tutor (en imprenta)

Firma del padre o tutor

Fecha