



Medical Exemption to Mandatory Immunizations

For Child Caring Facilities and Schools



Wyoming Statutes 21-4-309 (b), 14-4-116 (c) and the Wyoming Immunization Rules and Regulations for School Immunizations require that any person attending a public or private school or child caring facility shall provide proof of immunization within 30 days upon entry, unless an approved immunization exemption has been granted.

Submit exemption requests to your local County Health Officer (list available at www.immunizewyoming.com), or to the State Health Officer at: Wyoming Department of Health, 6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002, Attn: Immunization Exemptions.

Please complete all fields; incomplete forms will not be approved. One form must be submitted for each child. Exemptions requests shall be renewed in accordance with the Wyoming Immunization Rules and Regulations for School Immunizations.

Child Information

First Name:	Middle Name:	Last Name:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth:

Parent/Guardian Information

Check if you are an emancipated minor or over 18 years old.

First Name:	Last Name:	Relationship to child:
Mailing Address:		
City:	State:	Zip:
Email Address:		Phone Number:
How would you like to receive the determination made on this Immunization Exemption? <input type="checkbox"/> Mail to Me <input type="checkbox"/> I'll Pick Up		

PHYSICIAN'S STATEMENT

Not applicable, see attached Physician's Statement

List each vaccine declined	List medical contraindication(s) for each vaccine declined

The physical condition of the above named child is such that vaccination would endanger his/her life or health or is medically contraindicated due to other medical conditions.

Physician's Name (printed): _____ Signature: _____

Date: _____ License Number: _____ State of Licensure: _____

Child's Name: _____

I _____, request a medical exemption to the mandatory school immunizations for
(Name of Parent/Guardian)

_____, based on the medical reasons outlined above or in the attached physician's statement.
(Name of Child)

By signing this form, I am declining the vaccine(s) required for school entry for my child/myself, due to medical contraindications. I understand that my child/I will not be allowed to attend child care or school during a disease outbreak when declared by the State or County Health Officer.

The information I have provided on this form is complete and accurate. I acknowledge that I have read this document in its entirety and fully understand it. I also understand that it is my responsibility to retain the original exemption and provide a copy to the school or child caring facility.

Signature of Parent/Guardian/Student (emancipated or over 18 yrs old)

Date

Check this box to exclude this exemption from being entered into the Wyoming Immunization Registry. Please be advised that you will be responsible for maintaining your child's/your immunization records to ensure child care or school compliance.

NOTARY ACKNOWLEDGEMENT

State of _____ County of _____

Subscribed and sworn on this _____ day of _____, 201____, by the above named person

_____, known by me, or proven to be the person named as the Parent/Guardian

in the above Religious Exemption to Mandatory Immunizations.

Place Seal or Stamp Below

Signature of Notarial Officer

My commission expires _____
Expiration Date

EXEMPTION DETERMINATION (FOR USE BY THE COUNTY OR STATE HEALTH OFFICER ONLY)

Approved

Not Approved If a request is not approved, a denial letter and this form must be returned to the Parent/Guardian. A new request will need to be submitted. Revisions cannot be made to this same form and resubmitted.

Signature of County or State Health Officer

Date