



# Wyoming Department of Health

## Exemptions to Mandatory Immunizations

### County Health Officer Guidance



County Health Officers (CHOs) are under the direction and supervision of the Wyoming Department of Health (WDH), Wyo. Stat. Ann. 35-1-227. The review of exemptions to mandatory immunizations is considered a ministerial duty by the Wyoming Supreme Court.

A copy of all approved exemption requests shall be sent to the Wyoming Department of Health for entry into the Wyoming Immunization Registry. They may also be scanned and emailed to [wdh-immrecords@wyo.gov](mailto:wdh-immrecords@wyo.gov).

#### **Exemption Forms**

When submitted, exemption forms must be completed in their entirety. Forms must also contain original signatures; photocopies must not be accepted.

#### **Medical Exemption**

A medical exemption request may be submitted on the Medical Exemption form accompanied by a physician's statement or consist of a physician's statement alone. The physician's statement must be from a physician licensed to practice medicine in any jurisdiction of the United States and state clearly why the administration of the specific immunization(s) listed is medically contraindicated to the child. The statement should include the date issued, physician's name, signature, and license number, state of licensure, the patient's name and date of birth, and a list of the specific immunizations that are medically contraindicated.

#### **Religious Exemptions**

When a religious exemption has been submitted, as long as the form is completed in its entirety, it must be approved. No inquiries should be made into the validity of religious objections.

#### **Denial/Approval**

As long as the forms are completed in their entirety they shall be approved. No additional questions should be asked to the applicant.

When a request is denied, indicate so on the bottom of the form. Make a copy of the form for your records and return the denied original to the parent/guardian. Include a letter, using the text below, on your office's letterhead. A new form must then be submitted. A previously denied request with edits must not be accepted. Do not send partially processed requests to WDH to complete.

*Your request for a <medical or religious> exemption to mandatory immunizations for entry into a school or child caring facility has been received and denied. The form has not been completed in its entirety.*

*The missing or incorrect information has been highlighted on the attached exemption request for your reference and additional information is listed below. Please submit a new request. Edits to an existing request will not be accepted.*

*<additional information if necessary, if not omit underlined text above>*

*If you need additional information, please contact me at <contact info>. Thank you.*

When a request is approved, simply indicate so on the exemption form by checking the approval box and adding your signature and date. Make a copy for your record, and one to send to WDH. Then return the original to the applicant. No approval letter is needed. The parent/guardian is responsible for providing a copy to the school or child caring facility.