



Religious Exemption to Mandatory Immunizations

For Child Caring Facilities and Schools



Vaccines are one of the greatest public health achievements of the past century and save an estimated 3 million children’s lives every year. The Wyoming Department of Health supports vaccination as one of the most effective tools in preventing diseases that can cause serious illness and even death. 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. A separate 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		

Place an “X” in the box to the left of each disease listed to exempt from the vaccine. Initial and date box on the right.

	<p>Diphtheria, Tetanus, Pertussis (DTaP, Tdap): My child/I may be at increased risk for developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can’t move parts of the body), breathing problems, coma, and death. Serious symptoms and effects of tetanus include: “locking” of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death. Serious symptoms and effects of pertussis include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.</p>	<p>Initials:</p> <p>Date:</p>
	<p>Haemophilus Influenza type b (Hib): My child/I may be at increased risk for developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.</p>	<p>Initials:</p> <p>Date:</p>
	<p>Hepatitis B: My child/I may be at increased risk for developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.</p>	<p>Initials:</p> <p>Date:</p>
	<p>Polio: My child/I may be at increased risk for developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can’t move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.</p>	<p>Initials:</p> <p>Date:</p>
	<p>Varicella (Chickenpox): My child/I may be at increased risk for developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.</p>	<p>Initials:</p> <p>Date:</p>

Child's Name: _____

<p>Measles, Mumps, Rubella (MMR): My child/I may be at increased risk for developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.</p>	<p>Initials: Date:</p>
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I am the parent/guardian of the above-named child or am the child himself/herself (emancipated or over 18 years of age) and have a religious opposition to vaccines. By signing this form, I am declining the vaccine(s) required for school and child care entry for my child/myself, as initialed above, and understand the following:

- 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.
- I may change my mind at any time and accept vaccination(s) for my child/myself in the future.
- I can review a current Vaccine Information Statement for each vaccine listed above at www.cdc.gov/vaccines/hcp/vis/.
- I can obtain additional evidence-based vaccine information and vaccination services at www.immunizewyoming.com.
- I understand that it is my responsibility to retain the original exemption and provide a copy to the school or child caring facility.

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.

Child's Name: _____ Date of Birth: _____

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