



RELIGIOUS WAIVER REQUEST
for the Mandatory Immunizations to Attend Child Caring Facilities and Schools

Wyoming Department of Health, Immunization Unit, Attn: Waivers
 6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002
 307-777-7952 • www.immunizewyoming.com



Wyo. Stat. Ann. § 21-4-309 allows for the request of waivers based on religious beliefs and medical contraindications only. Wyoming statute does NOT allow for the approval of waiver requests based on philosophical or personal beliefs.

Submit Waiver Requests to the State Health Officer at the address above or to your local County Health Officer.

Client (Child) Information	Parent/Guardian Information
First Name: _____ Middle Initial: _____	First Name: _____
Last Name: _____	Last Name: _____
Birthdate: ____/____/____	Relationship to Client: _____
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Mailing Address: _____
<input type="checkbox"/> Check box if client is an emancipated minor or over 18 years of age.	City, State, Zip: _____
	Phone: _____
Determination Preference	
Return By: <input type="checkbox"/> Mail <input type="checkbox"/> I'll Pick Up <input type="checkbox"/> Email _____	

Immunizations Requested for Waiver

Note: The final determination of immunizations waivers is on page two of this form.

Check the box next to each vaccine you are requesting to be waived.

<input type="checkbox"/>	Diphtheria, Tetanus and Pertussis (DTaP/Tdap)
<ul style="list-style-type: none"> ▪ Symptoms and effects of <i>diphtheria</i> include heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death. ▪ Symptoms and effects of <i>tetanus</i> include: "locking" of the jaw, difficulty swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death. ▪ Symptoms and effects of <i>pertussis</i> include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death. 	
<input type="checkbox"/>	Haemophilus Influenza type b (Hib)
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.	
<input type="checkbox"/>	Hepatitis B (HepB)
Symptoms and effects of this disease include jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	
<input type="checkbox"/>	Polio (IPV)
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.	
<input type="checkbox"/>	Rotavirus
Symptoms and effects of <i>rotavirus</i> include watery diarrhea, vomiting, fever, stomach pain, and dehydration.	

	Measles, Mumps and Rubella (MMR)
	<ul style="list-style-type: none"> ▪ Symptoms and effects of <i>measles</i> include pneumonia, seizures (jerking and staring), brain damage, and death. ▪ Symptoms and effects of <i>mumps</i> include meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. ▪ Symptoms and effects of <i>rubella</i> include rash, arthritis, and muscle or joint pain.
	Pneumococcal (PCV-13)
	<ul style="list-style-type: none"> ▪ Symptoms and effects of <i>pneumonia</i> (lung infection) include fever, chills, cough, difficulty breathing and chest pain. ▪ Symptoms and effects of <i>meningitis</i> (brain tissue and spinal cord infection) include stiff neck, fever, headache, light sensitivity, and confusion. ▪ Symptoms and effects of <i>bacteremia</i> (blood infection) include fever, chills, and low alertness. ▪ Symptoms and effects of <i>sepsis</i> include tissue damage, organ failure and death. Symptoms include confusion, high heart rate, shortness of breath, extreme pain, and fever.
	Varicella (VAR)
	Symptoms and effects of this disease include severe skin infections, pneumonia, brain damage, and death.

Parent/Guardian Declaration

I certify that I have a genuine religious objection to the immunization(s) indicated on this form and therefore am requesting a waiver to the mandatory immunizations for myself or my child to attend a Wyoming preschool, child care facility or school (K-12).

I understand that:

- If this request is approved, it is my responsibility to provide a copy of the approved waiver to the child caring facility, head start, preschool or school administrator.
- My child may will not be allowed to attend a child caring facility, head start, preschool or school during a disease outbreak when declared by the State or County Health Officer.
- Exempting my child from any or all required vaccine(s) may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child.

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.

Signature of Parent/Guardian or Client (if emancipated or over 18 years of age)

Date

Notice: The Wyoming Department of Health uses health information in accordance with the Notice of Privacy Practices found at <https://health.wyo.gov/admin/privacy/> and made available upon request.

Waiver Determination
County Health Officer or State Health Officer Use Only

Not Approved*
 Unable to Process*
* *Reference the included letter for more information.*

Approved for the following immunization(s): _____

Signature of State or County Health Officer

Date