



RELIGIOUS WAIVER REQUEST



Wyoming Department of Health, Immunization Unit
 Attn: Waivers, 122 West 25th Street, 3rd Floor West, Cheyenne, WY 82002
 Phone: 307-777-7952 • Fax: 307-777-7996 • Email: wdh-immrecords@wyo.gov

Wyo. Stat. Ann. §§ 21-4-309 and 14-4-116 allow for waivers to the mandatory immunizations required to attend child caring facilities and schools (K-12) based on religious belief or medical contraindication.

Submit requests to the State Health Officer using the information above or to a County Health Officer.

| Client Information | | Parent/Guardian Information | |
|---|-----------------|-----------------------------|--|
| First Name: | Middle Initial: | First Name: | |
| Last Name: | | Last Name: | |
| Birthdate: _____/_____/_____ | | Mailing Address: | |
| Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | | City, State, Zip: | |
| <input type="checkbox"/> Emancipated minor or over 18 years of age. | | Phone: | |

If applicable, name of school (K-12): _____

*Waivers are transferrable to any Wyoming school.

Requested Immunizations: 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 diphtheria include heart failure, paralysis, breathing problems, coma, and death. Symptoms and effects of tetanus 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 pertussis include: severe coughing fits that can cause vomiting and exhaustion, pneumonia (lung infection), seizures, brain damage, and death. | |
| <input type="checkbox"/> | Haemophilus Influenzae type b (Hib) |
| <ul style="list-style-type: none"> Symptoms and effects of this disease include meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat, infections of the blood, joints, bones, and heart, and death. | |
| <input type="checkbox"/> | Hepatitis B (HepB) |
| <ul style="list-style-type: none"> Symptoms and effects of hepatitis b include jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death. | |
| <input type="checkbox"/> | Polio (IPV) |
| <ul style="list-style-type: none"> Symptoms and effects of polio include paralysis, meningitis, permanent disability, and death. | |
| <input type="checkbox"/> | Rotavirus |
| <ul style="list-style-type: none"> Symptoms and effects of rotavirus include watery diarrhea, vomiting, fever, stomach pain, and severe dehydration. | |
| <input type="checkbox"/> | Measles, Mumps and Rubella (MMR) |
| <ul style="list-style-type: none"> Symptoms and effects of measles include pneumonia, seizures, brain damage, and death. Symptoms and effects of mumps include meningitis, sterility, deafness, and death. Symptoms and effects of rubella include rash, arthritis, and muscle or joint pain. If pregnant, this disease can cause severe birth defects or miscarriage. | |
| <input type="checkbox"/> | Pneumococcal (PCV-13) |
| <ul style="list-style-type: none"> Symptoms and effects of pneumonia include fever, chills, cough, difficulty breathing, and chest pain. Symptoms and effects of meningitis include stiff neck, fever, headache, light sensitivity, and confusion. Symptoms and effects of bacteremia (blood infection) including fever, chills, and low alertness. Symptoms and effects of sepsis include tissue damage, organ failure and death. <p>Each of these conditions may result in death.</p> | |
| <input type="checkbox"/> | Varicella (VAR) “chickenpox” |
| <ul style="list-style-type: none"> Symptoms and effects of this disease include severe skin infections, pneumonia, brain damage, and death. | |

Client Name: _____

Date of Birth: ____/____/____

Parent/Guardian Declaration

I certify that I have a 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 caring 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.
- My child will not be allowed to attend a child caring facility, head start, preschool or school (K-12) during a vaccine-preventable disease outbreak when declared by the State Health Officer or a County Health Officer.
- I understand the risks and possible outcomes of my decision to exempt my child from the mandatory immunizations, which may include serious illness, disability or death.

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 Emancipated Client

Date

How would you like the waiver determination returned to you?

Mail Pick Up Email: _____

Parent/Guardian Agreement to Release Waiver Determination to a SCHOOL

If you wish to have the waiver determination sent to a Wyoming school (K-12), please complete the information below.

Name of School: _____ Attn: _____

Fax Number: _____ or Email: _____

To have a copy of this waiver determination sent to individuals or organizations other than a Wyoming school (K-12), please complete a WDH Authorization to Release Health Records form located at <https://health.wyo.gov/admin/privacy/>.

Waiver Determination

State Health Officer or County Health Officer Use Only

Not Approved* Unable to Process*

Approved for: _____

Signature of State or County Health Officer

Date

* Reference included letter for more information.