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.

<table>
<thead>
<tr>
<th>Child's Information</th>
<th>Parent/Guardian Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Last Name:</td>
</tr>
<tr>
<td>Birthdate:</td>
<td>Mailing Address:</td>
</tr>
<tr>
<td></td>
<td>City, State, Zip:</td>
</tr>
<tr>
<td>Sex:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Female</td>
<td>Emancipated minor or over 18 years of age.</td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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.

- **Diphtheria, Tetanus, and Pertussis (DTaP/Tdap)**
  - 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.

- **Haemophilus Influenzae 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, infections of the blood, joints, bones, and heart, and death.

- **Hepatitis B (HepB)**
  - Symptoms and effects of *hepatitis b* include jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.

- **Polio (IPV)**
  - Symptoms and effects of *polio* include paralysis, meningitis, permanent disability, and death.

- **Rotavirus**
  - Symptoms and effects of *rotavirus* include watery diarrhea, vomiting, fever, stomach pain, and severe dehydration.

- **Measles, Mumps and Rubella (MMR)**
  - 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.

- **Pneumococcal (PCV-13)**
  - 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. Each of these conditions may result in death.

- **Varicella (VAR) “chickenpox”**
  - 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/.

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**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.*