



# RELIGIOUS WAIVER REQUEST

Wyoming Department of Health, Immunization Unit

Attn: Waivers, 122 West 25<sup>th</sup> Street, 3<sup>rd</sup> Floor West, Cheyenne, WY 82002

Phone: 307-777-7952 • Fax: 307-777-7996 • Email: [wdh.immrecords@wyo.gov](mailto: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.**

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

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.