

# Certificate of Exemption (COE)

## From School, Child Care and Preschool Immunization Requirements<sup>1</sup>



Washington State Department of Health

DOH 348-106 Revised: 10/15/08

Child's Last Name:	First Name:	Middle Initial:	Child's Address:
Child's Birthdate:	Child's Sex:		
Parent/Guardian Name:			Parent/Guardian Day Phone:

Please choose the exemption(s) that apply to your child as listed below.

Temporary Medical Exemption

Permanent Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

Vaccine(s)	Until	Date (or Perm.)
X		
Type or Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)		
X		
Signature of Licensed Health Care Provider		Date

Personal/Philosophical Exemption

Religious Exemption

I do not want my child to get the following vaccine(s).

- Diphtheria
- Measles
- Pneumococcal
- Tetanus
- Hepatitis B
- Mumps
- Polio
- Varicella (chickenpox)
- Hib
- Pertussis (whooping cough)
- Rubella
- Other (indicate):

**Parent/Guardian Notice:** "I certify that the information provided here is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be **excluded** from school, child care or preschool until the outbreak is over."

Signature of Parent/Guardian

Date

<sup>1</sup> RCW 28A.210.080-090 state that before or on the first day of every child's attendance at any public and private school or licensed day care center in Washington State must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the state board of health, or (3) a certificate of exemption, signed by a parent or guardian. Medical exemptions must be signed by a licensed health care provider.