

Household Child Vaccine Verification and Exception Form

Foster Parent: This form must be completed by a health care provider to verify the immunization status of each child living in your household, not including children in out-of-home care. The form is also used to obtain documentation from the health care provider if an immunization is contrary to the child's health. [WAC 110-148-1320\(5\) and \(6\)](#)

| Section 1. Parent or Guardian | | |
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| In order for this form to be valid, please: <ul style="list-style-type: none"> Complete one form per child. Enter your name in Box 1. Enter your provider number, if known, in Box 2. Enter your child's information in Boxes 3-5. Have a health care provider complete Section 2 of this form. When the form is completed, submit it to DCYF Licensing Division. | | |
| 1. Parent or Guardian's Name | 2. Provider Number | |
| 3. Child's Last Name | 4. Child's First Name / Middle Initial | 5. Child's Birthdate (MM/DD/YYYY) |
| Section 2. Licensed Health Care Provider | | |
| In order for this form to be valid, please: <ul style="list-style-type: none"> Check the option that applies to this child in Box 6, and fill in information about vaccines not given, if applicable. Read the declaration in Box 7. Print your name, credentials, sign, and date in Boxes 8-9. When the form is completed, return it to this child's parent or guardian. | | |
| 6. I have reviewed the immunization records for the above-named child and attest to ONE of the following: <ul style="list-style-type: none"> <input type="checkbox"/> This child is current on immunizations consistent with the current CDC's Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, as of today, _____ (enter date). <input type="checkbox"/> I have reviewed the CDC Advisory Committee on Immunization Practices' guidelines on contraindications and precautions at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html. This child is not fully current on immunizations consistent with the current CDC's Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, because the vaccines listed below are contraindicated for the specified health reasons: | | |
| List vaccines not given in accordance to normal vaccine schedule | List specific health reason preventing child from receiving the vaccine | If this is a temporary exemption, when can the vaccine be given? |
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| 7. I declare that: <ul style="list-style-type: none"> I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW. The information provided on this form is complete and correct. | | |
| 8. Print Health Care Provider's Name | 9. Health Care Provider's Signature | Date |

An updated form will need to be submitted when additional immunizations are administered.