Washington State Department of CHILDREN, YOUTH & FAMILIES

LICENSING DIVISION (LD)

Vaccine Exemption

Name of Foster Home Licensee

Applicant or Household Member (including children) Information

LAST NAME	FIRST NAME / MIDDLE INITIAL	BIRTHDATE (MM/DD/YYYY)

Licensed Health Care Provider Instructions

The individual listed above is required to have the vaccination(s) listed below.

Per WAC 110-148-1320(6)(c), we may grant a medical exception to this requirement if the immunization is contrary to the individual's health as documented by a licensed health care provider.

If caring for under age 2, and/or for medically fragile children, all household members must have the following immunizations:

(1) Whooping cough (Pertussis)
(2) Influenza (this is required annually, once per school year)

All children (under age 18) in the household must have the following immunizations, per the WA OSPI schedule : (https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization)

(1) Chickenpox (Varicella);
(2) Diphtheria;
(3) German measles (Rubella);
(4) Haemophilus influenzae type B disease;
(5) Hepatitis B;
(6) Measles (Rubeola);
(7) Mumps;
(8) Pneumococcal disease;
(9) Polio (Poliomyelitis);
(10) Tetanus; and
(11) Whooping cough (Pertussis)

As a licensed health care provider, if you believe one of more of these immunizations is contrary to the health of the individual listed above, please complete the fields below. You must complete one line per immunization.

IMMUNIZATION	REASON	TEMPORARY OR PERMANENT?	IF TEMPORARY: EXPIRATION DATE

Provider Declaration

I declare that:

- I am a qualified MD, ND, DO, ARNP, or PA licensed under Title 18 RCW.
- I have discussed the benefits and risks of immunizations with the applicant/household member (or their parent/legal guardian, if a minor).
- The individual above also does not qualify for an alternate immunization (e.g. RIV3).
- I have received the individual's medical history and attest that the information provided on this form is complete and correct.

PRINT PROVIDER'S NAME	PROVIDER'S SIGNATURE	DATE