



Certificate of Exemption—Personal/Religious (Pepa in Kamol kin Jenolok—Am Māke, Kabuñ)

Ñan Jikuul, Jikin Lale Ajiri, im Aikuj ko ikijen Wā an Kilāāj eo Jinion

Etan Baamle eo an Ajiri eo:

Etan:

Inijel eo ioļap:

Raanin ļotak (Allōñ, Raan, Yiiō):

KŌJELLĀ: Juon jinen im jemen ako rilale remāroñ in kōmman bwe ajiri eo en jenolok jān wā ko emōj likit ilo aer lelak pepa in ñan jikuul eo an ajiri eo im/ak jikin lale. Juon armij emōj an jenolok jān wā eo emōj likit āinwōt an pād ilo kauwōtata ñan nañinmej eo ak nañinmej ko im wā eo ej lelak kōjbarok. Juon ajiri/rijikuul emōj an jenolok emāroñ in jenolok jān jikuul ako jikin lale ajiri im būrookraam ko ilo ien an nañinmej eo duwōjlak im ejañin lukkun dedelak wā ñan e. Nañinmej ko remāroñ in bojrak jān wā rej pād wōt, im emāroñ in mōkaj an ajeeded ilo jikuul im jikin lale ajiri eo. Wā ej juon ian wāwein ko rej eman tata ñan kōjbarok armij jān aer bōk im ajeeded nañinmej eo im emāroñ in walok ilo an lap nañinmej, jab māroñ in mačkūtkūt, ak mej.

Jenolok jān Un ko an Māke ak Kabuñ (Personal/Philosophical or Religious Exemption)

Ij kōmman bwe ajiri eo neĵu en jenolok jān aikuj eo ke ajiri eo neĵu ej aikuj in wā jān nañinmej kein ilal bwe en māroñ in pād ilo jikuul ako jikin lale ajiri. (Kelet juon wāwein jenolok im wā ko kwōj kōnan bwe ajiri eo neĵim en jenolok jān e):

JENOLOK KIN UNIN KO AN MĀKE * (Personal/Philosophical Exemption)

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (pōkpōk) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |

**Measle, mumps, ak rubella ejjab māroñ in jenolok ñan unin ko am make jān kein eo an state*

JENOLOK KIN UNIN KO AN KABUÑ (Religious Exemption)

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (pōkpōk) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | |

Jinen im Jemen/Rilale Naan (Parent/Guardian Declaration)

Juon ako elaplak jān wā ko rej aikuj rejjab māroñ in jermal ippān tōmak ko aō māke, ako kabuñ eo aō. Emōj aō kōnnaan kin jeramman im kauwōtata ko an wā ko ippān jikin taktō eo (emōj jain ilal). Emōj ba ñan iō ke ñe enij duwōjlak nañinmej eo im emāroñ bōjrak jān wā ej walok im ajiri eo neĵu ej jenolok jān e, ajiri eo neĵu emāroñ in jenolok jān ien eo emōj an duwōjlak nañinmej eo. Melele ko ilo pepa in emōj kanne im ejimwe.

X

Etan Jinen im Jeman/Rilale (būriņ)

Jain in etan Jinen ak Jemen/Rikejbarok

Raan

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

MD ND DO ARNP PA

Washington License # _____

JENOLOK KINKE EJ UWAAN JUON KABUÑ (RELIGIOUS MEMBERSHIP EXEMPTION)

Kanne ijin WŌT ñe kwōj pād ilo juon mwōn jar ak kabuñ im ej kabōjrak kōjerbale uno. Kōjerbale ijin iloñ ñe kabuñ eo am ejjab kōtlak wā ak tōmak im katak ko an mwōn jar eo am ej kōtlak an ajiri eo neĵim bōk jibāñ jān ro rej jermal ilo ejmour āinwōt taktō ak nurse.

Jinen im Jemen/Rilale Naan (Parent/Guardian Declaration)

Ñaij juon jinen im jemen ak rilale ajiri eo iloñ. Ij kamol ke ñaij juon uwaan juon mwōn jar ak kabuñ im ejjab kōtlak an jikin ejmour lelak uno ñan ajiri eo neĵu. Emōj ba ñan iō ke ñe enij duwōjlak nañinmej eo im emāroñ bōjrak jān wā ej walok im ajiri eo neĵu ej jenolok jān e, ajiri eo neĵu emāroñ in jenolok jān ien eo emōj an duwōjlak nañinmej eo. Melele ko ilo pepa in emōj kanne im ejimwe.

X

Etan Jinen im Jeman/Rilale (būriņ)

Jain in etan Jinen ak Jemen/Rikejbarok

Raan



Certificate of Exemption—Medical (Pepa in Kamol—Taktō)

Ñan Jikuul, Jikin Lale Ajiri, im Aikuj ko ikijen Wā an Kilāāj eo Jinion

Etan Baamle eo an Ajiri eo: Etan: **Inijel eo ioļap:** Raanin ļotak (Allōñ, Raan, Yiiō):

KŌJELLĀ: Pepa in emāroñ in jeral ñan kōmman bwe juon ajiri en jenolōk jān an aikuj in wā ñe juon jikin taktō emōj an kwalōk juon wā ejjab rōjañ ñan an ajiri eo bōke kin unin ko an ejmour im taktō. Pepa in emāroñ in jeral jān jikin taktō eo im jain jān jinen im jemen/rilale. Juon ajiri eo ejenolōk/rijikuul emāroñ in jenolōk jān jikuul eo ako jikin lale eo ilo ien an duwōjlak nañinmej eo im rejañin lukkun dedelak aer wā ñan e. Wā ko rej māroñ in jako jān wā rej pād wōt, im emāroñ in mōkaj an ajeeded im ilo jikin lale ajiri ko.

Medical Exemption
 A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

*Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt."*

Disease (Nañinmej)	Not Exempt (Ejjab Jenolōk)	Permanent Exempt (Jenolōk ñan Indeo)	Temporary Exempt (Jirik wōt ien an Jenolōk)	Expiration Date for Temporary Medical (Raan in Jemlok ñan Taktō ilo Jirik wōt ien)
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Health Care Practitioner Declaration
 I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

 X
 Licensed Health Care Practitioner Name (print) _____ Licensed Health Care Practitioner Signature _____ Date _____
 MD ND DO ARNP PA Washington License # _____

Jinen im Jemen/Rilale Naan (Parent/Guardian Declaration)
 Emōj aō kōnnaan kake jeramman ko im kauwōtata ippān jikin ejmour eo ilo aer letok jenolōk in taktō in. Emōj ba ñan iō ke ñe enij duwōjlak nañinmej eo im emāroñ bōjrak jān wā ej walok im ajiri eo nejū ej jenolōk jān e, ajiri eo nejū emāroñ in jenolōk jān ien eo emōj an duwōjlak nañinmej eo. Melele ko ilo pepa in emōj kanne im ejimwe.

 X
 Etan Jinen im Jeman/Rilale (būriņ) _____ Jain in etan Jinen ak Jemen/Rikejbarok _____ Raan _____