



NEW IMMUNIZATION LAW



Office of Immunization & Child Profile

Today's Presentation

- Provide updates on new school and child care immunization requirements in the new law
- Identify immunization exemptions allowed in Washington
- Review what the health care practitioner's role in the exemption process

Section 1

ENGROSSED HOUSE BILL 1638

New Immunization Law

Children in licensed child cares and schools (public and private):

- Removed option for personal and philosophical exemptions for measles, mumps, and rubella (MMR) vaccine
- No change to
 - Religious, religious membership, or medical exemptions
 - Titer testing in lieu of immunization
- Effective July 28, 2019

New Immunization Law

Employee & Volunteer Requirement:

- All licensed child care centers including ECEAP (Early Childhood Education & Assistance Program) and Head Start
- Employees and volunteers at child care centers must provide proof of MMR through one of the following:
 - Documentation of immunization
 - Proof of measles immunity with laboratory titer testing
 - Documentation of medical exemption

Information about the new law and FAQs:

www.doh.wa.gov/mmrexemption.

Types of Exemptions

- Personal and philosophical exemption (not allowed for MMR vaccine)
 - Religious
 - Religious membership
 - Medical
-
- Effective July 22, 2011, education must be provided by a healthcare practitioner

[RCW28A.210.090](#)

Religious Exemptions

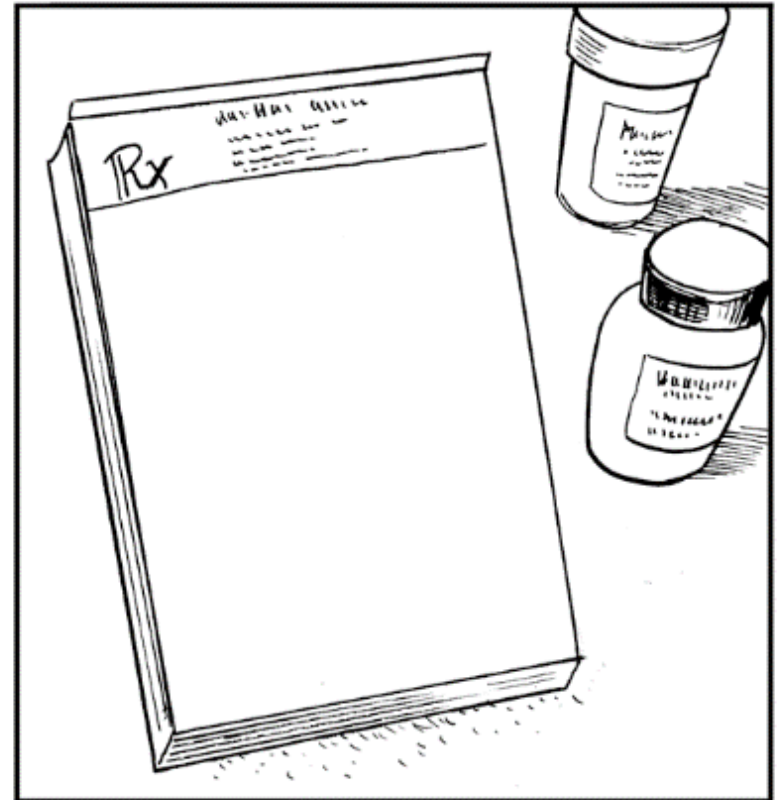
- Religious: There is no requirement to validate or prove a religious exemption

- Religious Membership: “...used when religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child”

[RCW 28A.210.090](#)

Who is Allowed to Sign?

- Physician licensed under chapter [18.71](#) or [18.57](#) RCW
- Naturopath licensed under chapter [18.36A](#) RCW
- Physician Assistant licensed under chapter [18.71A](#) or [18.57A](#) RCW
- Advanced registered nurse practitioner licensed under chapter [18.79](#) RCW



Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements



Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*

- Diphtheria Hepatitis B Hib Pneumococcal
 Polio Pertussis (whooping cough) Tetanus Varicella (chickenpox)

*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law

RELIGIOUS EXEMPTION

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

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

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.

Licensed Health Care Practitioner Name (print) _____ Licensed Health Care Practitioner Signature _____ Date _____

MD ND DO ARNP PA Washington License # _____

Religious Membership Exemption

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Name of church or religion of which you are a member: _____

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711).

DOH-348-106 May 2019

Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements



Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

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 his or her 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 vaccine antigen(s) the medical exemption is referring to. If the patient is not exempt from certain antigen(s), mark "not exempt."

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
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 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.

Licensed Health Care Practitioner Name (print) _____ Licensed Health Care Practitioner Signature _____ Date _____

MD ND DO ARNP PA Washington License # _____

Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711).

DOH-348-106 May 2019

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 (whooping cough)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)
<i>*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law</i>			
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 (whooping cough)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) Parent/Guardian Signature Date

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.

Licensed Health Care Practitioner Name (print) Licensed Health Care Practitioner Signature Date

MD ND DO ARNP PA Washington License # _____

Personal or Religious Exemption

- Use for parent-requested exemptions or alternate schedules
- Needs parent and healthcare practitioner signatures

What Does the Practitioner Signature Mean?

- The signature is the health care practitioner's attestation stating that he or she "*provided the signator with information about the benefits and risks of immunization to the child.*"
- Clinician and school staff have no role in assessing parents' religious beliefs

[RCW28A.210.090](#)

Religious Membership Exemption

- To be used when the parent/guardian affirms *membership in a church or religious body that does not allow* their child to get medical treatment by a healthcare practitioner
- No healthcare practitioner signature required
- If the parent or guardian takes their child to see a health care practitioner for things like well-child, illness, and injury care they should not use this exemption.

Medical Exemption

- Contraindications to vaccines can be found:
 - Recommendations of the Advisory Committee on Immunization Practices: www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm
 - Vaccine manufacturer's package insert
- Permanent or Temporary
 - Both require healthcare practitioner and parent/guardian signatures
 - When a temporary exemption ends the child has 30 days to get the vaccine or another exemption

Clinicians' Role in Medical Exemptions...

- Determine if the child has a contraindication or precaution
- Condition temporary or permanent;
 - If temporary, write in date when exemption expires
- The healthcare practitioner's signature attests to their having concluded that the vaccine(s) is not advisable for this child.
- If the practitioner concludes that the child could receive the vaccine, they should not sign granting a medical exemption.

Please indicate which vaccine antigen(s) the medical exemption is referring to. If the patient is not exempt from certain antigen(s), mark "not exempt.":

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
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"/>	

- Indicate for each disease vaccine antigen whether the child is not exempt, permanently exempt or temporarily exempt
- If temporarily exempt, write in the expiration date

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Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.