

# CERTIFICATE OF EXEMPTION – PERSONAL/RELIGIOUS

## Instructions

1. Students/parents must complete sections 1-3 in the presence of a health care professional (doctor, nurse practitioner, naturopath, or registered nurse).
2. A parent or guardian must sign the form if the student is under the age of 18.
3. Upload the completed form via the Immunization Verification Portal at [immunity.washington.edu](http://immunity.washington.edu)

## 1. STUDENT INFORMATION

Last name:	First name:
Date of birth (MM/DD/YYYY):	7-digit UW student ID:
UW email:	Other email:

## 2. CHOOSE YOUR CAMPUS/SPECIAL PROGRAM

Seattle <input type="checkbox"/>	Tacoma <input type="checkbox"/>	Bothell <input type="checkbox"/>	Check if you are an IELP student <input type="checkbox"/>
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## 3. DECLARATION OF PERSONAL, PHILOSOPHICAL, OR RELIGIOUS EXEMPTION

Exemption type: <input type="checkbox"/> Personal or philosophical <input type="checkbox"/> Religious	I am exempting myself/my student from the following vaccines: <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Meningococcal meningitis ACWY
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### Self or 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 below. I have received notice that if a vaccine-preventable disease for which I/my student is exempted occurs, I/my student may be excluded from UW classes and activities for the duration of the outbreak. The information on this form is complete and correct.

<b>Self or parent/guardian name (print)</b>	<b>Self or parent/guardian signature</b>	<b>Date</b>
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### Health care professional declaration

I have discussed the benefits and risks of immunizations with the student/parent/guardian as condition for exemption. I am a qualified MD, ND, DO, ARNP, PA, or RN, and the information provided on this form is complete and correct.

**Health care professional credentials:**  MD  ARNP  DO  ND  PA  RN

<b>Health care professional name (print)</b>	<b>Health care professional signature</b>	<b>Date</b>
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<b>Health care professional mailing address</b>	<b>Health care professional phone</b>
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