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. The student must sign the form if aged 18 or over. A parent/guardian must sign if the student is under age 18.
3. Upload the completed form via the Immunization Verification Portal at 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 ☐	Tacoma ☐	Bothell ☐	Check if you are an IELP student ☐

3. DECLARATION OF PERSONAL, PHILOSOPHICAL, OR RELIGIOUS EXEMPTION

Exemption type: ☐ Personal or philosophical ☐ Religious	I am exempting myself/my student from the following vaccines: ☐ Measles ☐ Mumps ☐ Meningococcal meningitis ACWY

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.

Self or parent/guardian name (print)	**Self or parent/guardian signature**	**Date**

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

Health care professional name (print)	**Health care professional signature**	**Date**

Health care professional mailing address	**Health care professional phone**