

Certificate of Exemption—Personal/Religious

(Warqadda Caddeynta Diidmada Tallaalka—Arrin Shaqsiyeed/Diimeed Awgeed)



Shuruudaha Dugsiga, Daryeelka Caruurta, Talaalka Caruurta Dugsiga Barbaarinta

Magaca Ugu Danbeeya ee Cunuga: Magaca Koobaad: Saxiixa Magaca Dhexe: Taariikhda dhalashada (bisha/maalinta/sanadka):

OGAYSIISKA: Waalidka ama masuulku wuxuu kareebi karaa caruurta in lamarsiyo talaalada kuqoran hoos ayagoo gudbinaaya foomkaan labuuxshay una diraaya dugsiga cunugaaga iyo/ama daryeelka caruurta. Qofka laga reebaayo talaalka waxaa loo arkayaa mid khatar ugu jira xanuun ama xanuunada kuwaasoo talaalku difaac kasiinaayo. Ilmaha/ardayga laga reebay talaalka waxaa laga saari karaa dugsiga ama xarunta daryeelka iyo nashaadaadka inta lagu jiro mudada uu xanuunku socdo kaasoo aan wai sifican looga talaalin. Xanuunada talaalka looga hortagi karo ayaa wali jira, waxayna si degdeg ah ugu faafi karaan dugsiga ama xarunta daryeelka caafimaadka. Talaaladu waa mid kamid ah qaababka ugu wanaagsan ee looga difaacaayo dadka qaadista iyo faafinta xanuunada kuwaasoo keeni kara xanuun daran, naafo, ama dhimasho.

Kareebista taaalka sababo laxariira Shaqsiyada/Fikirka ama Diinta qofka (Personal/Philosophical or Religious Exemption)

Waxaan kareebayaa cunugayga shardiga ah in cunugayga laga talaalo xanuunada soo socda si uu uga qaybgalo dugsiga ama xarunta daryeelka. (Dooro nooca reebista iyo talaalada aad doonayso inaad kareebto cunugaaga):

REEBISTA LAXARIIRTAARIMAHA SHAQSIGA AH/FIKIRKA* (Personal/Philosophical Exemption)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Diphtheria (Talaalka qaamoow qashiirka) | <input type="checkbox"/> Hepatitis B (Cagaarshoowga B) | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal (Hargabka) |
| <input type="checkbox"/> Polio (Dabaysha) | <input type="checkbox"/> Pertussis (Jix dheerta) | <input type="checkbox"/> Tetanus (Teetanada) | <input type="checkbox"/> Varicella (Busbuska) |

**Jadeecada, kabuubyada, ama rubella waxaa suuragal ah inaan laga reebin sababo laxariira shaqsiyad/fikir sida kucad sharciga gobalka*

REEBISTA SABABAHA DIIMEED LEH (Religious Exemption)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Diphtheria (Talaalka qaamoow qashiirka) | <input type="checkbox"/> Hepatitis B (Cagaarshoowga B) | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal (Hargabka) |
| <input type="checkbox"/> Polio (Dabaysha) | <input type="checkbox"/> Pertussis (Jix dheerta) | <input type="checkbox"/> Tetanus (Teetanada) | <input type="checkbox"/> Varicella (Busbuska) |
| <input type="checkbox"/> Measles (Jadeeco) | <input type="checkbox"/> Mumps (Kabuubyo) | <input type="checkbox"/> Rubella (Jadeecada Jarmalka) | |

Shaacinta Waalidka/Masuulka (Parent/Guardian Declaration)

Mid ama kabadan oo kamid ah taaalada loo baahan yahay ayaa kasoo horjeeda caqiidooyinka shaqsiyadayda, fikirkayga, ama mabaadii'da diintayda. Waxaan kahadlay faa'iidooyinka iyo khataraha kadhalaan kara talaalada waxaana kala hadlay dhakhtarka caafimaadka ee (hoos saxiixiisu kuyaa). Waxaa la iisheegay in haddii xanuun talaalka looga hortagi karo uu dilaaco, kaasoo cunugayga aga reebay, in cunugayga laga saari karo dugsigiisa ama xarunta daryeelka caruurta inta xanuunku carada kujiro. Macluumaadka kuqoran foomkaan waa mid buuxa oo sax ah.

X

Magaca Waalidka/Masuulka (oo daabacan)

Saxiixa Waalidka/Masuulka

Taariikhda

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 # _____

Kareebista laxariirta Xubinimada Diinta (Religious Membership Exemption)

Buuxi qaybtaan kaliya haddii aad katirsan tahay kaniisada ama diin diidaysa adeegsiga daawada caafimaadka. Adeegso qaybta kore haddii aad qabto diidmo diimeed oo kadhalaan ah taaalada laakiin caqiidooyinka kaniisadaada ama diintaadu u ogol yihiin caruurtada in uu daaweeyo qof dhakhtar ah sida dhakhaatiirta iyo kalkaalisoooyinka.

Shaacinta Waalidka/Masuulka (Parent/Guardian Declaration)

Waxaan ahay waalidka ama masuulka sharciga ah ee ilmaha magaciisu kor kuyaaalo. Waxaan xaqiijinayaa inaan xubin ka ahay kaniisad ama diin daliilkeedu uusan ogolayn in khabarada caafimaadku daawayn caafimaad siiyaan cunugayga. Waxaa la iisheegay in haddii xanuun talaalka looga hortagi karo uu dilaaco, kaasoo cunugayga aga reebay, in cunugayga laga saari karo dugsigiisa ama xarunta daryeelka caruurta inta xanuunku carada kujiro. Macluumaadka kuqoran foomkaan waa mid buuxa oo sax ah.

X

Magaca Waalidka/Masuulka (oo daabacan)

Saxiixa Waalidka/Masuulka

Taariikhda

Certificate of Exemption—Medical

(Warqadda Caddeynta Diidmada Tallaalka—Arrin Caafimaad Awgeed)



Shuruudaha Dugsiga, Daryeelka Caruurta, Talaalka Caruurta Dugsiga Barbaarinta

Magaca Ugu Danbeeya ee Cunuga: Magaca Koobaad: Saxiixa Magaca Dhexe: Taariikhda dhalashada (bisha/maalinta/sanadka):

OGAYSIISKA: Foomkaan waxaa loo adeegsan karaa in ilmo looga reebo shardiga talaalka marka dhakhtarka caafimadku go'aansho in aan talaal gaar ah lamarsiin karin cunuga sababo laxariira caafimaadkiisa. Foomkaan waa inuu buuxshaa dhakhtar caafimaad uuna saxiixaa waalidka/masuulka. Ilmaha/ ardayga laga reebay talaalka waxaa laga saari karaa dugsiga ama xarunta daryeelka inta lagu jiro mudada uu xanuunku socdo kaasoo aan wai sifiican looga talaalin. Xanuunada talaalka looga hortagi karo ayaa wali jira, waxayna si degdeg ah ugu faafi karaan dugsiga ama xarunta daryeelka caafimaadka.

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 (Xanuunka)	Not Exempt (Aan Laga reebin talaalka)	Temporary Exempt (Sida Rasmiga ah looga reebay)	Permanent Exempt (Sida kumeelgaarka ah looga reebay)	Expiration Date for Temporary Medical (Taariikhda Ay dhamaanayso Xaalada Caafimaad ee kumeel gaarka ah)
Diphtheria (Talaalka qaamoow qashiirka)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B (Cagaarshoowga B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles (Jadeeco)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps (Kabuubyo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis (Jix dheerta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal (Hargabka)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio (Dabaysha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella (Jadeecada Jarmalka)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus (Teetanada)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella (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.

 X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

MD ND DO ARNP PA

Washington License # _____

Shaacinta Waalidka/Masuulka (Parent/Guardian Declaration)

Waxaan kahadlay faa'iidooyinka iyo khataraha kadhalan kara talaalada waxaana kala hadlay dhakhtarka caafimaadka ee isinaaya dhaafidaan caafimaad. Waxaa la iisheegay in haddii xanuun talaalka looga hortagi karo uu dilaaco, kaasoo cunugayga aga reebay, in cunugayga laga saari karo dugsigiisa ama xarunta daryeelka caruurta inta xanuunku carada kujiro. Macluumaadka kuqoran foomkaan waa mid buuxa oo sax ah.

 X

Magaca Waalidka/Masuulka (oo daabacan)

Saxiixa Waalidka/Masuulka

Taariikhda