



RELIGIOUS WAIVER REQUEST for the Mandatory Immunizations to Attend Schools and Child Caring Facilities

Wyoming Department of Health, Immunization Unit, Attn: Waivers
6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002
307-777-7952 • www.immunizewyoming.com



The Centers for Disease Control and Prevention (CDC) and the Wyoming Department of Health recognize immunization as one of the most effective tools in preventing disease and reducing the risks associated with exposure to certain diseases.

Wyo. Stat. Ann. § 21-4-309 allows for the submission of waivers based on religious beliefs and medical contraindications only. Wyoming statute does NOT allow for the approval of waiver requests based on philosophical or personal beliefs.

SUBMIT WAIVER REQUESTS TO THE STATE HEALTH OFFICER AT THE ADDRESS ABOVE OR TO YOUR LOCAL COUNTY HEALTH OFFICER.

CLIENT INFORMATION	
First Name:	Middle Initial:
Last Name:	
Birthdate: _____/_____/_____	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	

Check box if client is an emancipated minor or over 18 years of age.

PARENT/GUARDIAN INFORMATION
First Name:
Last Name:
Relationship to Client:
Mailing Address:
City, State, Zip:
Phone:

DETERMINATION
Return Determination By: <input type="checkbox"/> Mail <input type="checkbox"/> I'll Pick Up <input type="checkbox"/> Encrypted Email _____

IMMUNIZATION(S) WAIVED

Contact your physician, a Public Health Nursing Office, or the Immunization Unit if you have any questions about immunizations.

Initial next to each vaccine applicable

Without DTaP/Tdap vaccination my child/I may be at risk for developing Diphtheria, Tetanus and Pertussis. <ul style="list-style-type: none"> ▪ Symptoms and effects of <i>diphtheria</i> include heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death. ▪ Symptoms and effects of <i>tetanus</i> include: "locking" of the jaw, difficulty swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death. ▪ Symptoms and effects of <i>pertussis</i> include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death. 	INITIAL HERE
Without Hib vaccination my child/I may be at risk for developing Haemophilus Influenza type b. <ul style="list-style-type: none"> ▪ Symptoms and effects of this disease include meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death. 	INITIAL HERE
Without Hep B vaccination my child/I may be at risk for developing Hepatitis B. <ul style="list-style-type: none"> ▪ Symptoms and effects of this disease include jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death. 	INITIAL HERE
Without IPV vaccination my child/I may be at risk for developing Polio. <ul style="list-style-type: none"> ▪ Symptoms and effects of this disease include paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death. 	INITIAL HERE
Without MMR vaccination my child/I may be at risk for developing Measles, Mumps and Rubella. <ul style="list-style-type: none"> ▪ Symptoms and effects of <i>measles</i> include pneumonia, seizures (jerking and staring), brain damage, and death. ▪ Symptoms and effects of <i>mumps</i> include meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. ▪ Symptoms and effects of <i>rubella</i> include rash, arthritis, and muscle or joint pain. 	INITIAL HERE
Without Rotavirus vaccination my child/I may be at risk for developing rotavirus disease. <ul style="list-style-type: none"> ▪ Symptoms and effects of <i>rotavirus</i> include watery diarrhea, vomiting, fever, stomach pain, and dehydration. 	INITIAL HERE
Without Varicella vaccination my child/I may be at risk for developing Chickenpox. <ul style="list-style-type: none"> ▪ Symptoms and effects of this disease include severe skin infections, pneumonia, brain damage, and death. 	INITIAL HERE

Without Pneumococcal vaccination my child/I may be at risk for developing pneumonia, meningitis, bacteremia, or sepsis.

- Symptoms and effects of *pneumonia* (lung infection) include fever, chills, cough, difficulty breathing and chest pain.
- Symptoms and effects of *meningitis* (brain tissue and spinal cord infection) include stiff neck, fever, headache, light sensitivity, and confusion.
- Symptoms and effects of *bacteremia* (blood infection) include fever, chills, and low alertness.
- Symptoms and effects of *sepsis* include tissue damage, organ failure and death. Symptoms include confusion, high heart rate, shortness of breath, extreme pain, and fever.

INITIAL
HERE

PARENT/GUARDIAN DECLARATION

I _____, certify that I have a genuine religious objection to the immunization(s)
Printed Name of Parent/Guardian
initialed next to on this form and therefore am requesting a waiver for _____.
Printed Name of Client

I understand that:

- My child may not be allowed to attend a child caring facility, head start, preschool or school during a disease outbreak when declared by the State or County Health Officer. _____ (initial)
- Exempting my child from any or all required vaccine(s) may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ (initial)

I also understand that if this request is approved, it is my responsibility to provide a copy of the approved waiver to the child caring facility, head start, preschool or school. The information I have provided on this form is complete and accurate. I acknowledge that I have read this document in its entirety and fully understand it.

Signature of Parent/Guardian or Client (if emancipated or over 18 years of age)

Date

Notice: The Wyoming Department of Health uses health information in accordance with the Notice of Privacy Practices found at <https://health.wyo.gov/admin/privacy/> and made available upon request.

NOTARY ACKNOWLEDGEMENT

State of _____ County of _____

Subscribed and sworn on this _____ day of _____, 201____, by the above named person

_____, known by me, or proven to be the person named as the Parent/Guardian or Client (if emancipated or over 18 years of age) on this Religious Waiver Request.

Signature of Notarial Officer

Place Seal or Stamp Here

My commission expires _____.
Expiration Date

WAIVER DETERMINATION: County Health Officer or State Health Officer Use Only

Not Approved*

Unable to Process*

* Reference the included letter for additional information on requests that are not approved or unable to be processed.

Approved, the following mandatory immunization(s) are waived:

State Health Officer or County Health Officer Signature

Date

County (if applicable)

Notice: If a parent/guardian/client objects to the waiver determination above, a review and final decision by the State Health Officer may be requested in writing.