RELIGIOUS WAIVER REQUEST

Wyoming Department of Health, Immunization Unit
Attn: Waivers, 6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002
Phone: 307-777-7952 • Fax: 307-777-7996 • Email: wdh-immrecords@wyo.gov

Wyo. Stat. Ann. §§ 21-4-309 and 14-4-116 allow for waivers to the mandatory immunizations required to attend child caring facilities and schools (K-12) based on genuine religious belief or medical contraindication.

Submit requests to the State Health Officer using the information above or to a County Health Officer.

Client Information	Parent/Guardian Information
First Name: Middle Initial:	First Name:
Last Name:	Last Name:
Birthdate: _____/_____/_____	Mailing Address:
Sex: ☐ Female ☐ Male	City, State, Zip:
☐ Emancipated minor or over 18 years of age.	Phone:

If applicable, name of school (K-12): _____

*Waivers are transferrable to any Wyoming school.

Requested Immunizations: Check the box next to <u>each</u> vaccine you are requesting to be waived.

☐ **Diphtheria, Tetanus and Pertussis (DTaP/Tdap)**

- Symptoms and effects of **diphtheria** include heart failure, paralysis, breathing problems, coma, and death.
- Symptoms and effects of **tetanus** 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 **pertussis** include: severe coughing fits that can cause vomiting and exhaustion, pneumonia (lung infection), seizures, brain damage, and death.

☐ **Haemophilus Influenzae type b (Hib)**

- Symptoms and effects of this disease include **meningitis** (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat, infections of the blood, joints, bones, and heart, and death.

☐ **Hepatitis B (HepB)**

- Symptoms and effects of **hepatitis b** include jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.

☐ **Polio (IPV)**

- Symptoms and effects of **polio** include paralysis, meningitis, permanent disability, and death.

☐ **Rotavirus**

- Symptoms and effects of **rotavirus** include watery diarrhea, vomiting, fever, stomach pain, and severe dehydration.

☐ **Measles, Mumps and Rubella (MMR)**

- Symptoms and effects of **measles** include pneumonia, seizures, brain damage, and death.
- Symptoms and effects of **mumps** include meningitis, sterility, deafness, and death.
- Symptoms and effects of **rubella** include rash, arthritis, and muscle or joint pain. If pregnant, this disease can cause severe birth defects or miscarriage.

☐ **Pneumococcal (PCV-13)**

- Symptoms and effects of **pneumonia** include fever, chills, cough, difficulty breathing, chest pain and potentially.
- Symptoms and effects of **meningitis** include stiff neck, fever, headache, light sensitivity, and confusion.
- Symptoms and effects of **bacteremia** (blood infection) including fever, chills, and low alertness.
- Symptoms and effects of **sepsis** include tissue damage, organ failure and death.

Each of these conditions may result in death.

☐ **Varicella (VAR) "chickenpox"**

- Symptoms and effects of this disease include severe skin infections, pneumonia, brain damage, and death.

Client Name: _____   **Date of Birth:** _____/_____/_____

Parent/Guardian Declaration

I certify that I have a genuine religious objection to the immunization(s) indicated on this form and therefore am requesting a waiver to the mandatory immunizations for myself or my child to attend a Wyoming preschool, child caring facility or school (K-12).

I 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.
- My child will not be allowed to attend a child caring facility, head start, preschool or school (K-12) during a vaccine-preventable disease outbreak when declared by the State Health Officer or a County Health Officer.
- I understand the risks and possible outcomes of my decision to exempt my child from the mandatory immunizations, which may include serious illness, disability or death.

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 Emancipated Client   **Date**

How would you like the waiver determination returned to you?

☐ Mail   ☐ Pick Up   ☐ Email: _____

Parent/Guardian Agreement to Release Waiver Determination to a SCHOOL

If you wish to have the waiver determination sent to a Wyoming school (K-12), please complete the information below.

Name of School: _____ **Attn:** _____

Fax Number: _____ **or Email:** _____

To have a copy of this waiver determination sent to individuals or organizations other than a Wyoming school (K-12), please complete a WDH Authorization to Release Health Records form located at https://health.wyo.gov/admin/privacy/.

Waiver Determination
State Health Officer or County Health Officer Use Only

☐ Not Approved*   ☐ Unable to Process*

☐ Approved for:_____

_____   _____
Signature of State or County Health Officer   **Date**

* *Reference included letter for more information.*