

# Certificate of Exemption—Personal/Religious (Mwán mi ásimaw kopwe aiti ngeni ekewe chinlap fefin ar repwe)

Atun ekkewe ekkóch ra tingorei an epwe áppena oser ese aúselinga alon néún kewe soufén

Met popun a wor : Toropwen mwüfesen : Unusen tölawü : Ena afalafal (MM/DD/YYYY):

**Mi watte:** Seni me anúkúnúk nge a allúkú pwe epwe pwal lapóló choun oser epwe tongeni tufich ngeni emon mi fen watteta me a pin wiseni wis mi chou lon ewe mwichefel. Won ulungat ier nge ir me ruuemon ra kis seni fefiner we ekkewe souakkom lon pwäratá pwe rese etiwa met a apasa atun ra wakkatteta fán ekkóch. Ra ngúnúngúnúngaw ren ám féri ám famili káé usun ekkewe pwúpwúlú mi chinlap ra tongeni álisi ekkewe pwúpwúlú mi kúkkún ierir seniir ra fen feiengaü pokiten emön mi wisen álisiir a otupur are a kirikiringaü ngeniir. Tong a amwékútúkich le féri úkúkún ach tufich le álisi pwiich kewe chinlap are chókkewe mi apwangapwang. Ika sipwe wesewesen aururufengenni letipach a lamot ach sipwe auselingaochu met ewe chinlap a apasa ar kapas ussun fofforun lon ewe ran me mwan.

## Ewe samol-fel lapalap me ekkewe chinlap ra eisini (Personal/Philosophical or Religious Exemption)

Ren menni sokkun nemenem ka fori ekkee mettoch me ekkewe pwal fitemön me elter lon ra emmweniöchü ewe mwichefelin lon ena fansoun watte sossot. (Me ena fansoun lupwen a mwittir wattelo ena mwichefel iei wiisen ekkewe samol fel me mwan mi asimaü):

### Oupwe aleani ei alluk fan mesen\* (Personal/Philosophical Exemption)

- |                                     |                                                   |                                  |                                              |
|-------------------------------------|---------------------------------------------------|----------------------------------|----------------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mochen B                 | <input type="checkbox"/> Hib     | <input type="checkbox"/> Pneumococcal        |
| <input type="checkbox"/> Polio      | <input type="checkbox"/> Pertussis (minne ekkewe) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (Mufesen) |

*\*Epwe tongeni, ngeni pwúlúwan we, mwän ewe taropween mi ásimau ra äiti ngeniir seni*

### Ifa usun mwán mi ásimaw (Religious Exemption)

- |                                     |                                                   |                                  |                                              |
|-------------------------------------|---------------------------------------------------|----------------------------------|----------------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mochen B                 | <input type="checkbox"/> Hib     | <input type="checkbox"/> Pneumococcal        |
| <input type="checkbox"/> Polio      | <input type="checkbox"/> Pertussis (minne ekkewe) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (Mufesen) |
| <input type="checkbox"/> Measles    | <input type="checkbox"/> Mumps                    | <input type="checkbox"/> Rubella |                                              |

## Meinisin pwe repwe rongorong chon kepit mi koran (Parent/Guardian Declaration)

Papatais ra choni ewe mwichen chon angang iwe, ese lifilifil io a akkom kaeo ngeniir nge repwe. Pwal kaeo seni chon ewe mwichefel mi wiseni ewe wis elter me ren ewe chókkana ra likiti néúr kewe (ngeni pwúlúwer). Órun ruu ngeréú ier me mwen poputáán ewe pwe epwe ngeni mwün fanüfan meinisin me linger wewe ngeni pwe iteiten ran sipwe ita pippi met. A fiffis won fonufan me ekiiki poputaan ewe riaffou mi lapalap.

X

Ina minne lón chék pwal (wóón)

Ina minne lón chék fénúfan

Taropween

## 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

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## Me ewe maun lón lág pokiten a arapoto poputáán (Religious Membership Exemption)

Ewe riáfföü mi lapalap eli sipwe tongeni ngüüri ekkoch kapasen öüröür mi titchik sipwe tongeni eani ekiek pwe ei kapas awewe. A weneiti ewe fansoun mwirin poputaan ewe riaffou lupwen epwe feito ren noun kewe chon lang me mottiu won ewe leenien mottun king ren an epwe eani kapwung ita mangeto epwe mut ngeni fitepuku ngerou ar repwe.

## Ina minne lón chék ionfengen (Parent/Guardian Declaration)

Lon ekkena fonu me pwal ikewe ie a fen fisocho ewe angangen afalafal ie. Iei noun kewe aramas ra eani eu amuchuloon angangen afalafal me mwen an epwe poputa ewe riaffou mi lapalap ussun chok met ewe a oesini an ei fonufan. Iwe usun itá pwe meinisin ekkewe lusun mi kepit mi chúen nóm wóón fénúfan mwirin wesilóón ewe áeúin kinikin lón ewe riáfféü mi lapalap repwap feitá lág me mwen an esaamwo. Poputá ewe maunen epwe ina poputaan ran mi lapalap me aniuokus.

X

Ina minne lón chék pwal (wóón)

Ina minne lón chék fénúfan

Taropween

# Certificate of Exemption—Medical

## (Kúna ekkewe kapasen emmwén seni)

Epwe tongeni álisi óm pii ewe lesen wor watteen pungun ran mwen

**Met popun a wor:** **Toropwen mwüfesen:** **Unusen tölawü:** **Ena afalafal (MM/DD/YYYY):**

**Mi watte:** Ewe riáfféú mi lapalap mwo iei me mwen poputáán ewe riáfféú mi lapalap mi suuk ngenikich chómmóng alen ach sipwe pwáraatá ewe tongen pwipwi lefilach poputaan ewe fitikoko lefilen ekkewe einang ena pean pupulu. Oesini a ririfengenni ewe uta lon ewe leeni mi fel ren poputaan ewe riaffou mi lapalap aramas ra osukosuk ren. Ekieló chék epwele fis ewe riáfféú mi lapalap me sópwólóón ei ótót mi ngaw ina popun ekkewe kapasen éúrúú mi katowu lón fansoun ekkewe aposel a fen kon lamot ngenikich ikenái. Eli sipwe kúna lamoten ach sipwe awattei ach pwora pwe sipwe kapas ngeni aramas lon leeni meinisin ese lifilifil.

### 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 their 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](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

*Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt."*

| Disease (Awewe)           | Not Exempt<br>(Mwen poputaan) | Permanent Exempt<br>(Ewe aewin maunen) | Temporary Exempt<br>(Fonufan ekkewe) | Expiration Date for Temporary Medical<br>(Chon kepit ra eani afalafal pwe eu ier mi fokkun) |
|---------------------------|-------------------------------|----------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------|
| Diphtheria                | <input type="checkbox"/>      | <input type="checkbox"/>               | <input type="checkbox"/>             |                                                                                             |
| Hepatitis B (Mochen B)    | <input type="checkbox"/>      | <input type="checkbox"/>               | <input type="checkbox"/>             |                                                                                             |
| Hib                       | <input type="checkbox"/>      | <input type="checkbox"/>               | <input type="checkbox"/>             |                                                                                             |
| Measles (Epwe tongeni)    | <input type="checkbox"/>      | <input type="checkbox"/>               | <input type="checkbox"/>             |                                                                                             |
| Mumps (Ngeni pwúlúwan we) | <input type="checkbox"/>      | <input type="checkbox"/>               | <input type="checkbox"/>             |                                                                                             |
| Pertussis                 | <input type="checkbox"/>      | <input type="checkbox"/>               | <input type="checkbox"/>             |                                                                                             |
| Pneumococcal              | <input type="checkbox"/>      | <input type="checkbox"/>               | <input type="checkbox"/>             |                                                                                             |
| Polio                     | <input type="checkbox"/>      | <input type="checkbox"/>               | <input type="checkbox"/>             |                                                                                             |
| Rubella (Ewe taropween)   | <input type="checkbox"/>      | <input type="checkbox"/>               | <input type="checkbox"/>             |                                                                                             |
| Tetanus                   | <input type="checkbox"/>      | <input type="checkbox"/>               | <input type="checkbox"/>             |                                                                                             |
| 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/are 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

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### Esor tipemwaramwar pwe a amuttiri (Parent/Guardian Declaration)

Ionfengennin ekkewe chon fel mi enlet mwen poputaan ewe riaffou mi lapalap mi arapoto epwe fis apwúpwúlúún ewe poputa ren an. Ei maun won ekkewe lamalam chofona a wewe ngeni poputaan ewe riaffou mi lapalap ekieló mwirin ena ekkewe oesini lón ra pwénúetá lupwen ewe ena maun a liosueta lon ei fansoun. Poputaan ewe riaffou mi lapalap esaamwo poputa.

X

\_\_\_\_\_  
Ina minne lón chék pwal (wóón)

\_\_\_\_\_  
Ina minne lón chék fénúfan

\_\_\_\_\_  
Taropween