

Applicant / Adult Household Member Vaccination Exemption

Applicant / Adult Hou	usehold Member Name:	Date of Birth:	Provider Number:
SECTION 1: Applicant / Adult Household Member exemption to pertussis or influenza vaccine			
Do you, as a foster care applicant or adult household member of a foster care applicant, have an exemption to the pertussis or influenza vaccine because it would be contrary to your health or it would result in severe medical consequences?			
Please check one.	Pertussis No Yes Influenza No Yes		
If you selected "Yes" to either of the vaccines listed above, (1) sign, date, and print your name at the bottom of Section 1 of this form, and (2) have your licensed health care provider complete Section 2 of this form.			
Pursuant to WAC <u>110-148-1320(6)</u> , a foster care applicant, licensee, or adult household member may be exempt from being vaccinated against pertussis or influenza if the vaccination is contrary to the applicant's, licensee's, or adult household member's health; or, for influenza, it would result in severe medical consequences.			
A licensed health care provider's statement is required for each exemption. The statement must indicate: (a) that the pertussis or influenza vaccination would be contrary to the person's health or would result in severe medical consequences, and (b) for an influenza exemption, that there is no other form of the influenza vaccine that would not be contrary to the person's health or cause severe medical consequences.			
Applicant / Adu	Ilt Household Member Signature	Date	Print Name
Section 2: To be completed by the health care provider			
 A provider may grant a medical exemption only if there is a medical contraindication to the vaccine. I am the health care provider for			
Signature of Licens	ed Health Care Provider	Date	Print Name