



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

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



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 (Child) Information | Parent/Guardian Information |
|---|-------------------------------|
| First Name: _____ Middle Initial: _____ | First Name: _____ |
| Last Name: _____ | Last Name: _____ |
| Birthdate: ____/____/____ | Relationship to Client: _____ |
| Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | Mailing Address: _____ |
| <input type="checkbox"/> Check box if client is an emancipated minor or over 18 years of age. | City, State, Zip: _____ |
| | Phone: _____ |
| Determination | |
| Return By: <input type="checkbox"/> Mail <input type="checkbox"/> I'll Pick Up <input type="checkbox"/> Email _____ | |

Physician's Statement

This section must be completed by a physician liscenced in the U.S. A separate document providing the same information may also be provided.

List the vaccines for which a contraindication exists: _____

Describe the contraindication(s) experienced by the client:

I certify that the physical condition of the above named client is such that vaccination would endanger his/her life or health, or is medically contraindicated due to other medical conditions. I certify that I am a primary health care provider as defined in Wyo. Stat. Ann. § 35-22-40 and that the information provided on this form is complete and accurate.

Physician Name (print): _____ **Medical License #:** _____

Physician Signature: _____ **Date:** _____

Additional Physician Notes: _____

Parent/Guardian Declaration

Per physician recommendation, I am requesting a waiver to the mandatory immunizations for myself or my child to attend a Wyoming preschool, child care facility or school (K-12) due to the existence of a medical contraindication.

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 administrator.
- My child will 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.

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.

Waiver Determination

County Health Officer or State Health Officer Use Only

Not Approved* Unable to Process* * *Reference the included letter for more information.*

Approved for the following immunization(s): _____

Signature of State or County Health Officer

Date

Notes: _____

