

Wyoming Department of Health,

I am writing to request a waiver for my child to attend a Wyoming Preschool, Daycare facility, or school (K-12). I have a religious objection and I wish to exempt my child from the following vaccinations: Diphtheria, Tetanus & Pertussis (DTaP/Tdap), Haemophilus influenzae type b (HIB), Hepatitis type B (HepB), Polio (IPV), Rotavirus, Measles Mumps & Rubella (MMR), Pneumococcal (PCV-13), and Varicella (VAR)

I understand that if my letter requesting a waiver is approved that it is my responsibility to provide a copy to the facility requesting one. I also understand that when a disease outbreak is declared by a state or county health officer that my child may not be allowed to attend a facility during a disease outbreak.

Please mail the waiver to the address listed below.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Child's name \_\_\_\_\_

Child's DOB \_\_\_\_\_

Male (or) Female

Waiver Determination

County Health Officer or State Health Officer Use

[ ] Approved for the following immunization(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of State or County Health Officer

\_\_\_\_\_  
Date