



# IDAHO CERTIFICATE OF IMMUNIZATION EXEMPTION

## Childcare Immunization Requirement

The Idaho Department of Health and Welfare strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These vaccine-preventable diseases can cause serious illness and even death. The Idaho Department of Health and Welfare also recognizes that individuals have the right to make the decision whether or not to vaccinate their children.

**SECTION 1: Please read the following statements, check the box(es), and initial and date each statement regarding vaccine-preventable diseases for which an exemption is claimed. Sections 1 and 2 must be completed for this exemption to be valid.**

- Diphtheria (DTaP, Tdap, Td):** I understand by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart complications, paralysis, respiratory complications, coma, and death.
 

\_\_\_\_\_  
 Initial                      Date
- Tetanus (DTaP, Tdap, Td):** I understand by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: seizures, laryngospasm, neuromuscular disease, and death.
 

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 Initial                      Date
- Pertussis (Whooping Cough) (DTaP, Tdap):** I understand by not receiving this vaccine, my child may be at increased risk of developing pertussis if exposed to this disease. Serious symptoms and effects of this disease include: pneumonia, seizures, inflammation of the brain, neurological complications, and death.
 

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 Initial                      Date
- Polio:** I understand by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis, permanent disability, and death.
 

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 Initial                      Date
- Measles, Mumps, Rubella (MMR):** I understand by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, encephalitis, seizures, and death. Serious symptoms and effects of mumps include: meningitis, inflammation of the testicles or ovaries, sterility, pancreatitis, deafness, and death. Serious symptoms and effects of rubella include: encephalitis, arthritis, and neuritis. Congenital infection can result in deafness, heart defects, mental retardation, liver and spleen damage, and death.
 

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 Initial                      Date
- Hepatitis B:** I understand by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.
 

\_\_\_\_\_  
 Initial                      Date
- Haemophilus Influenza type b (Hib):** I understand by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis, pneumonia, sepsis, arthritis, permanent brain damage, and death.
 

\_\_\_\_\_  
 Initial                      Date
- Varicella (Chickenpox):** I understand by not receiving this vaccine, my child may be at increased risk of developing varicella if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, encephalitis, and death.
 

\_\_\_\_\_  
 Initial                      Date
- Varicella Disease History:** My child has had chickenpox, but was not diagnosed by a physician. I decline to have my child receive the varicella vaccine and thus request a philosophical exemption from this requirement.
 

\_\_\_\_\_  
 Initial                      Date
- Hepatitis A:** I understand by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), and even death.
 

\_\_\_\_\_  
 Initial                      Date
- Pneumococcal:** I understand by not receiving this vaccine, my child may be at increased risk of developing pneumococcal disease if exposed to this disease. Serious symptoms and effects of this disease include: meningitis, blood infections, pneumonia, deafness, and brain damage.
 

\_\_\_\_\_  
 Initial                      Date
- Rotavirus:** I understand by not receiving this vaccine, my child may be at increased risk of developing rotavirus if exposed to this disease. Serious symptoms and effects of this disease include: severe diarrhea, vomiting, dehydration, and death.
 

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 Initial                      Date

**Please continue to complete Section 2**

