|  |  |
| --- | --- |
| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | LICENSING DIVISION (LD)**Pertussis Vaccination Agreement** |
| **Agreement** |
| If you would like to care for medically fragile children or children under the age of 2, all household members (older than 3 months), including anyone meeting the definition of adults in the home, must be fully vaccinated against pertussis.If you or any household members cannot receive this immunization for medical reasons, a licensed healthcare provider must fill out the [Vaccine Exemption form (DCYF 15-455)](https://www.dcyf.wa.gov/forms?field_number_value=15-455&title=) indicating the immunization is contrary to your or the household member’s health.Are all household members (older than 3 months) fully vaccinated against pertussis?[ ]  Yes[ ]  No (indicate reason below)[ ]  This requirement is not applicable, as I am not applying to care for medically fragile children and/or children under the age of 2.[ ]  The following household member(s) are not fully vaccinated against pertussis as it is contrary to their health:  For any household member(s) listed here, I will submit a [Vaccine Exemption form (DCYF 15-455)](https://www.dcyf.wa.gov/forms?field_number_value=15-455&title=) completed by a licensed healthcare provider. [ ]  I am having difficulty meeting this requirement and would like to discuss this further with my assigned licensing worker.  |
| **Applicant Information** |
| APPLICANT A NAME | DATE OF BIRTH |
| SIGNATURE | DATE |
| APPLICANT B NAME | DATE OF BIRTH |
| SIGNATURE | DATE |