



Vaccine Exemptions in Hawai'i For Child Care, K-12 and Post-secondary Education

For info about vaccine exemptions for adults (work or post-secondary education), [CLICK HERE](#)

HAWAI'I VACCINATION LAWS

Link to the Hawai'i Vaccination Laws and Exemptions Laws in Hawaii are called Hawaii Administrative Rules (HAR), or Statutes. The vaccine laws fall under HAR Chapter 11-157.

Click [HERE](#) for all 218 pages in PDF. The exemptions info is on PDF pages 10 and 11. Or click [HERE](#) to go directly to the two pages about exemptions.

DOH 2020-2021 School Health Requirements (incl. List of required vaccines)

<https://health.hawaii.gov/docd/vaccines-immunizations/school-health-requirements/sy-20-21/>



List of Post-Secondary Vaccine Requirements (University & Tradeschools)

https://health.hawaii.gov/docd/files/2019/08/VaxToSchool_PostSecStudenttNotice.pdf

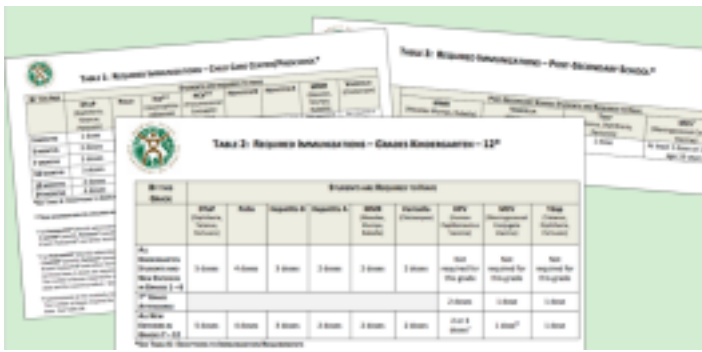
What immunizations are required by the 1st day of school?

- Measles, Mumps, Rubella (MMR)
- Tetanus-diphtheria-pertussis (Tdap)
- Varicella
- Meningococcal Conjugate (MCV)*

*First-year students living in on-campus housing only

Vaccine Requirements By AGE GROUP

Click [HERE](#) to see a list of vaccine requirements in Hawai'i by age group (day care/preschool, elementary, middle and high school, and post-secondary).



RELIGIOUS EXEMPTIONS

Excerpt from the Hawaii vaccine exemption laws [HAR 11-157](#):

(b) A religious exemption shall be granted to a student or child whose parent, custodian, guardian, or other person in loco parentis certifies that the person's religious beliefs prohibit the practice of immunization. Requests for religious exemptions based on objections to specific immunizing agents will not be granted. Students who have reached the age of majority shall apply on their own behalf. The certification shall be retained in the student's health record, in the post-secondary school student's record, or in the child care facility child's record. Reports of such exemptions in a format specified by

the department shall be submitted to the department by each school, post-secondary school, and child care facility.

Religious Exemption Forms

To file a religious exemption from vaccination as a requirement for school or daycare enrollment, you need the following DOH approved form. Click [HERE](#) for the Religious Exemption form for Daycare/Preschool and K-12 Click [HERE](#) for the Religious Exemption form for UH



What You Need to Know About Religious Exemptions in Hawai'i

Often schools misinform parents/guardians about the religious exemption. •

You do **NOT** have to state which religious organization you belong to • You do **NOT** have to belong to an organized religion. The US and Hawaii State constitution do **NOT** specify how you are to exercise your religion.

- You do **NOT** need to get anything signed by a religious leader • You do **NOT** have to show anything in writing from your religion that proves objection to vaccination
- In case of an outbreak of a communicable disease for which vaccination is required (e.g. measles), the exemption will **NOT** be recognized. Instead the child may quarantine at home until the outbreak is over or receive the specific vaccine at that time.
- A religious exemption will **NOT** be honored based on objections to specific vaccines or ingredients.

Public Schools and UH

Ask the school for the religious exemption form. The health aide usually has these on file. Fill this out and keep a copy for your own files. Do not go into discussion about anything, but simply state you want to file an exemption.

Private Schools/Universities

Ask the school what the procedure is. Some private schools use the DOH form, and some use their own forms. You can always refer to the actual Hawaii law, and try to submit the DOH's religious exemption form first. Do not go into discussion about anything, but simply state you want to file an exemption.

Day Care and Preschool

Ask what the procedure is. Some accept the DOH exemption form, and many accept a letter by the parents in which they simply state that their sincerely held religious beliefs prohibit them from vaccinating. Make sure to mention your child's name, and DOB. Say less, not more. Do not overly explain things. Do not go into discussion about anything, but simply state you want to file an exemption.

Online School Only

All students and post-secondary students who attend classes exclusively online or electronically via remote learning are excluded from the immunization requirements as per the exemptions in [HAR 11-157](#).

from the requirements of this chapter. All students and post-secondary students who attend classes exclusively online or electronically via remote learning are excluded from the requirements of this chapter. [Eff 11/5/81; am and comp 6/17/93; am and

MEDICAL EXEMPTIONS

Excerpt from the Hawaii vaccine exemption laws [HAR 11-157](#):

§11-157-5 Exemptions. (a) Medical exemptions from the requirements for specific immunizing agents shall be granted upon certification by a practitioner in a form or format specified by the department, that a student or child has a stated contraindication or precaution to a vaccine, for a specific period of time, in conformance with recognized standard medical practices. The form shall be provided to the exempt person or parent or guardian. Copies of the form shall be maintained in the student's school health record, in the post-secondary school student's record, or in the child care facility child's record. Issuing practitioners shall forward a copy of the form to the department. Reports of such forms in a format specified by the department shall also be submitted to the department by each school, post-secondary school, and child care facility.

Click [HERE](#) for the Medical Exemption form

Medical exemptions are written by your child's doctor. This used to be a letter, but since July 2020 there is a two-page form from the DOH. Whereas before a child could



receive a medical exemption for all vaccinations, the new form only allows exemptions for a vaccine that seriously injured your child, or if there is another reason not to vaccinate. Your child will no longer qualify for a medical exemption if he/she developed paralysis, seizures, diabetes, or other chronic diseases or conditions after vaccines. The medical exemption may also only be given for a specific time, e.g. one year, or several years, and family history is no longer honored. If one of your kids died from a vaccine or was injured, their siblings do no longer qualify for a medical exemption. This type of exemption is extremely rare to obtain.

Medical Exemption Form

Instructions for completing Medical Exemption Form:
 Section 1: Completed by parent/guardian or student (aged ≥18 years): Enter child care facility, school, or post-secondary school, and student information.
 Section 2: Completed by licensed health care provider (MD, DO, ND, APRN-Rx, PA): Check exempted vaccine, contraindication or precaution, or both, and complete duration of exemption.

Section 1: Child Care Facility, School, Post-Secondary School, and Student Information

Student's Name: _____ Student's Date of Birth: _____
 Student's Home Address: _____ City: _____ State: _____ Zip: _____
 Name of Child Care Facility, School, Post-Secondary School: _____ Street Address: _____ City: _____ Zip: _____

I understand that if at any time there is, in the opinion of the Department of Health, danger of an outbreak or epidemic from any communicable disease for which immunization is required, this exemption from immunization shall not be recognized and the student named above will be excluded from attending the child care facility, school, or post-secondary school until the Director of Health has determined that the presence of the outbreak no longer exists (HRS §§333A-1157).

Parent/Guardian Name (if student <18 years): (Please print) _____
 Parent/Guardian or Student (if aged ≥18 years) Signature: _____ Date: _____

Section 2: For Health Care Provider Use ONLY (MD, DO, ND, APRN-Rx, PA)

Vaccine	Contraindications* (Check all that apply to this patient)	Precautions* (Check all that apply to this patient)	Reason	Date
<input type="checkbox"/> IPV	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	<input type="checkbox"/> Guillain-Barre Syndrome 6 weeks after previous dose of tetanus-toxoid-containing vaccine	/ /	/ /
<input type="checkbox"/> MMR	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Known severe immune hemolytic and solid chemotherapy, congenital or acquired immunodeficiency <input type="checkbox"/> Pregnancy <input type="checkbox"/> Family history of altered HIV infection who are sero-negative	<input type="checkbox"/> History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus-toxoid-containing vaccine <input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /
<input type="checkbox"/> MCV	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	<input type="checkbox"/> DTaP/Tdap only: Progressive or unstable neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy	/ /	/ /
<input type="checkbox"/> PCV	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	<input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /
<input type="checkbox"/> IPV	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	<input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /
<input type="checkbox"/> Varicella	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Known severe immune hemolytic and solid chemotherapy, congenital or acquired immunodeficiency <input type="checkbox"/> Pregnancy <input type="checkbox"/> Family history of altered HIV infection who are sero-negative	<input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /

I certify that in my medical judgment, during the period indicated, health care provider's name/title (Please print): _____
 Address: _____
 Health care provider's signature: _____

Use completed original form to parent/guardian, P.O. Box 3328, Honolulu, HI 96811-0328. (HRS §§333A-1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200, 1201, 1202, 1203, 1204, 1205, 1206, 1207, 1208, 1209, 1210, 1211, 1212, 1213, 1214, 1215, 1216, 1217, 1218, 1219, 1220, 1221, 1222, 1223, 1224, 1225, 1226, 1227, 1228, 1229, 1230, 1231, 1232, 1233, 1234, 1235, 1236, 1237, 1238, 1239, 1240, 1241, 1242, 1243, 1244, 1245, 1246, 1247, 1248, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1260, 1261, 1262, 1263, 1264, 1265, 1266, 1267, 1268, 1269, 1270, 1271, 1272, 1273, 1274, 1275, 1276, 1277, 1278, 1279, 1280, 1281, 1282, 1283, 1284, 1285, 1286, 1287, 1288, 1289, 1290, 1291, 1292, 1293, 1294, 1295, 1296, 1297, 1298, 1299, 1300, 1301, 1302, 1303, 1304, 1305, 1306, 1307, 1308, 1309, 1310, 1311, 1312, 1313, 1314, 1315, 1316, 1317, 1318, 1319, 1320, 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2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 2682, 2683, 2684, 2685, 2686, 2687, 2688, 2689, 2690, 2691, 2692, 2693, 2694, 2695, 2696, 2697, 2698, 2699, 2700, 2701, 2702, 2703, 2704, 2705, 2706, 2707, 2708, 2709, 2710, 2711, 2712, 2713, 2714, 2715, 2716, 2717, 2718, 2719, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2800, 2801, 2802, 2803, 2804, 2805, 2806, 2807, 2808, 2809, 2810, 2811, 2812, 2813, 2814, 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2981, 2982, 2983, 2984, 2985, 2986, 2987, 2988, 29

How many students in Hawai'i have an Exemption?

Click on [THIS LINK](#) to see a lists or map of the exemptions per public or private school by school year.

Hawaii Department of Health
Immunization Exemptions School Year 2019–2020

School Name	County	School Type	Enrollment	Religious Exemptions	Medical Exemptions	Incomplete Immunizations*
HAWAII STATE – ALL SCHOOLS	-	-	197,189	2.12%	0.07%	3.44%
HAWAII COUNTY						
Chiefess Kapiolani School	HAWAII	Public	358	0.56%	0%	7.82%
Christian Liberty Academy 9-12	HAWAII	Private	183	1.64%	0%	1.64%
Connections: New Century PCS	HAWAII	Charter	355	10.42%	0.28%	13.52%
E. B. De Silva Elementary School	HAWAII	Public	482	2.70%	0%	3.32%
Haaheo Elementary School	HAWAII	Public	198	9.60%	0%	12.12%

During the 2018-2019 school year there were about 3900 students in Hawai'i on a religious exemption. This represented 1.88% of public and private school students. There were about 100 students in Hawai'i on a medical exemption. This represented 0.05% of public and private school students. This number and percentage is probably less now that the requirements for this exemption has been changed. Altogether Hawai'i had 1.93%, or just under 2% of students in public and private schools on exemptions in 2018-19.



Does an exemption need to be notarized?

There is no requirement in the Hawai'i law about notarizing religious or medical exemptions for school enrollment or for daycare/preschool. However, several private schools do require this in order to file such exemption with their school.

My child’s school insists on something in writing from a religious leader, indicating objection to vaccination, and/or religious writings.

Refer to the actual law, [HAR 11-157](#), which does **NOT** require this. You can write on the exemption form that “these are not required as per HAR 11-157 - see attachment” and then include a [copy of the law regarding exemptions](#) to educate the school.

I have already vaccinated my child, and submitted documentation to my child’s school. Since that time I have changed my religious views. Can I stop?

YES you can stop! Our constitution guarantees religious freedom. You may change your religious views at any time. The constitution and our state laws do NOT specify how you have to exercise your religion or your sincerely held religious beliefs.

What happens if there is an outbreak of a communicable disease? If your child is not vaccinated for the outbreak disease, e.g. measles, your child will either have to be vaccinated at that point in order to continue to go to school, or your child will have to quarantine at home for the duration of the outbreak. Please note that this only applies for communicable diseases for which a vaccine is required for enrollment.

Source: [Page 157-9 of HAR 11-157](#) (PDF page 11)

(c) If at any time, the director determines that there is the danger or presence of an outbreak or epidemic from any of the communicable diseases for which immunization is required under this chapter, the exemption from immunization against such disease shall not be recognized, and inadequately immunized students or children shall be excluded from school, post-secondary school, or child care facilities until the director has determined that the presence or danger of the outbreak or epidemic no longer exists.

What happens with the exemption when my child changes schools?

Make sure the old school transfers the health file (including the exemption) to the new school. Ask the health aide at the new school to confirm they have received the health file and the exemption. Or ask the health aide at the old school to ensure the exemption is included in the files to transfer.

What happens with the exemption when we move to another state?

Unfortunately you will need to start over since each state has their own rules about vaccine exemptions. Find the state or local health freedom group to inform you. The [National Vaccine Information Center](#) has a page with exemption information per state.

PROTECTING MEDICAL FREEDOM



Over the last few years we have witnessed many states losing their religious or philosophical exemption. Hawai'i's former state epidemiologist, Dr. Sarah Park has repeatedly stated that any non-medical exemption should be eliminated. We will be actively monitoring any legislative bills for the upcoming legislative session, and want to focus on two things in particular.

1) Protection of the religious exemption

2) Preventing discrimination on the basis of vaccination status.



To stay up to date and receive emails with action alerts, **sign up** with the non-profit Hawaii Chapter of Children's Health Defense

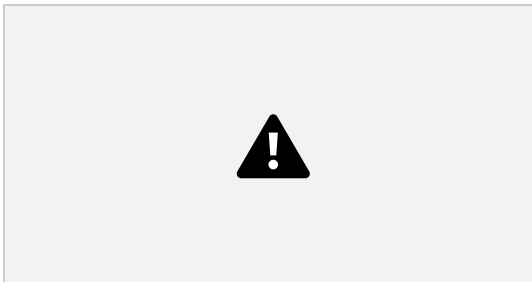
Website: hi.childrenshealthdefense.org

Facebook: [Hawaii Chapter of CHD](#)

Instagram: [hi.childrenshealthdefense](#)

Twitter: [hiChilnderensHD](#)

Telegram: <https://t.me/hawaiiichd>



Grassroots organization

Facebook: [Hawaii For Informed Consent](#)

Instagram: [hfic808](#)



Instagram account: [HawaiiFreedomKeepers](#)

Do you still have questions?

Want to talk about your specific situation?

Feel free to email me at

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