

Refusal to Vaccinate

Child's Name: _____

Parent's/Guardian's Name: _____

My child's doctor, Paul Thomas MD, has advised me that my child (named above) should receive the following vaccines:

Recommended		Declined
<input type="checkbox"/>	Hepatitis B Vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Diphtheria, tetanus, acellular pertussis (Dtap or Tdap) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Diphtheria tetanus (DT or Td) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Haemophilus influenzae type b (Hib) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Pneumococcal conjugate vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Inactivated poliovirus vaccine (IPV)	<input type="checkbox"/>
<input type="checkbox"/>	Measles-mumps-rubella-varicella (MMRV) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Measles-mumps-rubella (MMR) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Varicella (chickenpox) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Infuenza (flu) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Meningococcal vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Hepatitis A vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Rotavirus vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Other _____	<input type="checkbox"/>

I have read the Vaccine Information Sheets(s) from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's doctor or nurse, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- The **purpose** of and the need for the recommended vaccine(s)
- The **risks and benefits** of the recommended vaccine(s)
- If my child does not receive the vaccine(s), the **consequences** may include:
 - contracting the illness the vaccine should prevent (the outcomes of these illnesses may include one or more of the following: pneumonia, illness requiring hospitalization, death, brain damage, meningitis, seizures, and deafness. Other severe and permanent effects from these vaccine-preventable diseases are possible as well)
 - transmitting the disease to others
 - requiring my child to stay out of child care or school during disease outbreaks
- My child's doctor or nurse, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly recommend that these vaccines be given according to recommendations

Nevertheless, I have decided at this time to decline the vaccine(s) recommended for my child, as indicated above, by checking the appropriate box under the column titled "declined."

I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with which my child might come into contact.

I know that I may re-address this issue with my child's doctor or nurse at any time and that I may change my mind and accept vaccination for my child anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand it

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

I have had the opportunity to re-discuss my decision not to vaccinate my child and still decline the recommended immunizations.

Parent's initials _____ Date _____ Parent's initials _____ Date _____

American Academy
of Pediatrics



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