



Parent/Guardian Name: \_\_\_\_\_  
My child's doctor \_\_\_\_\_ has advised me that my child (named above) should receive the following vaccines:

Recommended	VACCINE	Declined
	Hepatitis B vaccine	
	Diphtheria, Tetanus, acellular pertussis (DTaP or Tdap) vaccine	
	Diphtheria tetanus (DT or Td) vaccine	
	Haemophilus influenza type b (Hib) vaccine	
	Pneumococcal conjugate or polysaccharide vaccine	
	Inactivated polio virus (IPV) vaccine	
	Measles-Mumps-Rubella (MMR) vaccine	
	Varicella (chickenpox) vaccine	
	Influenza (flu) vaccine	
	Meningococcal conjugate or polysaccharide vaccine	
	Hepatitis A vaccine	
	Rotavirus vaccine	
	Human papillomavirus vaccine	
	Other	

I have been provided with and given the opportunity to read each Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents for each of the vaccine(s) checked as recommended and which I have declined, as indicated above. I have had the opportunity to discuss the recommendation and my refusal with my child's doctor who has answered all of my questions about the recommended vaccine(s). A list of reasons for vaccinating, possible health consequences for non-vaccination, and possible side effects of each vaccine is available at <https://www.cdc.gov/vaccines/hcp/vis/index.html>.

I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).
- That some vaccine-preventable diseases are common in other countries and that my unvaccinated child could easily get one of these diseases while traveling or from a traveler.
- If my child does not receive the vaccine(s) according to the medically accepted schedule, the consequences may include
  - Contracting the illness that the vaccine is designed to prevent (the outcomes of these illnesses may include one or more of the following: certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures and deafness; other severe and permanent effects from these vaccine-preventable diseases are possible as well.)
  - Transmitting the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school and requiring someone to miss work to stay home with my child during disease outbreaks.
- My child's doctor and the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly recommend that the vaccine(s) be given according to recommendations.

Nevertheless, I have decided at this time to decline or defer 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 whom my child might come into contact. I therefore agree to tell all health care professionals in all settings what vaccines my child has not received because he or she may need to be isolated or may require immediate medical evaluation and tests that might not be necessary if my child had been vaccinated.

I know that I may readdress this issue with my child's doctor at any time and that I may change my mind and accept vaccination for my child any time in the future.

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

Parent/Guardian Signature <b>X</b>	Date MM/DD/YY / /	Time 00:00 AM/PM :
Witness <b>X</b>	Date MM/DD/YY / /	Time 00:00 AM/PM :

