



Refusal to Vaccinate

Child's Name	Parent/Guardian's Name		
Address		State	Zip

I have been advised my child or ward (named above) should receive the following vaccines but I am declining to have my child immunized.

Declined (Check all that Apply)

- | | |
|--|--|
| <input type="checkbox"/> Hepatitis B Vaccine | <input type="checkbox"/> Measles, Mumps, Rubella Vaccine (MMR) |
| <input type="checkbox"/> Diphtheria, Tetanus, Acellular Pertussis Vaccine (DTaP) | <input type="checkbox"/> Varicella (Chickenpox) Vaccine |
| <input type="checkbox"/> Diphtheria, Tetanus Vaccine (DT and Td) | <input type="checkbox"/> Influenza (flu) Vaccine |
| <input type="checkbox"/> Haemophilus Influenze Type B Vaccine (Hib) | <input type="checkbox"/> Meningococcal Vaccine |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Hepatitis A Vaccine |
| | <input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV) |
| | <input type="checkbox"/> Polio Vaccine (IPV) |

I have been given the opportunity to read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheet(s) (VIS) explaining the above vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's health care provider or the health department and to have my questions, if any, answered. By signing below, I acknowledge I understand the following:

- The purpose 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), I accept the consequences of my decision, which may include:
 - My child contracting the illness the vaccine should prevent
 - My child transmitting the disease to others
 - The need for my child to stay out of daycare or school during disease outbreaks
 - 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.

Nevertheless, I have decided at this time to decline or defer the vaccine(s) recommended for my child, as indicated above, by checking the "Declined" box next to the vaccine. 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 acknowledge I have read this document in its entirety and fully understand it.

_____	_____
Parent or Guardian	Date
_____	_____
Witness	Date

_____	_____
Notary Public	Date Commission Expires