

Refusal to Vaccinate

Child's Name: _____ Child's ID # _____

Parent's/Guardian's Name(s): _____

My child's health care provider, UTMG Department of Pediatrics has advised me that my child (named above) should receive the following vaccines:

Recommended

— Hepatitis B vaccine
— Diphtheria, Tetanus, acellular Pertussis (DTaP) vaccine
— Diphtheria Tetanus (DT or dT) vaccine
— *Haemophilus Influenza* type B (Hib) vaccine
— Pneumococcal conjugate vaccine
— Polio vaccine (IPV)
— Measles, mumps, rubella (MMR) vaccine
— Varicella (chickenpox) vaccine
— Influenza (flu) vaccine
— Meningococcal vaccine
— Hepatitis A vaccine
— Other _____

Declined

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I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheet(s) explaining the vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's health care provider, 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
 - transmitting the disease to others
 - the need for my child to stay out of daycare or school during disease outbreaks
- My health care provider, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention have all strongly recommended that the vaccine(s) be given

Nevertheless I have decided 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 that my child might come in contact with.

I know that I may re-address this issue with my health care provider 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 _____

American Academy
of Pediatrics

