



happy kids *pediatrics*

Vaccine Refusal Form

Child's Name _____ DOB _____ ID# _____

Parent's / Guardian's Name _____

My Child's doctor/nurse, _____ has advised me that my child (Named above) should receive the following vaccines;

- | | |
|---|--|
| <input type="radio"/> Hepatitis B (Hep B) | <input type="radio"/> Varicella (chicken pox) |
| <input type="radio"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) | <input type="radio"/> Influenza (Flu) |
| <input type="radio"/> Diphtheria Tetanus (DT or TD) | <input type="radio"/> Meningococcal conjugate or polysaccharide (MCV4) |
| <input type="radio"/> Haemophilus influenza type b (Hib) | <input type="radio"/> Hepatitis A (Hep A) |
| <input type="radio"/> Pneumococcal conjugate (PCV13) | <input type="radio"/> Rotavirus (Rota) |
| <input type="radio"/> Inactivated poliovirus (IPV) | <input type="radio"/> Human papillomavirus (HPV) |
| <input type="radio"/> Measles-Mumps-Rubella (MMR) | <input type="radio"/> Other _____ \ |

I have decided at this time to decline or defer the vaccine(s) recommended for my child, as indicated above; by signing this document I acknowledge the above checked vaccines as "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 or nurse 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: _____ Date: _____

Witness: _____ Date: _____

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

Parent's Initials: _____ Date: _____ Parent's Initials: _____ Date: _____