

Refusal to Vaccinate

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

Parent's/Guardian's Name: _____

My Child's Doctor _____ has advised me that my child (named above) should receive the following vaccines:

Recommend	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 or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Inactivated poliovirus (IPV) 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"/> Influenza (flu) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Meningococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis A vaccine	<input type="checkbox"/>
<input type="checkbox"/> Rotavirus vaccine	<input type="checkbox"/>
<input type="checkbox"/> Human papillomavirus vaccine	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>

I have read the Vaccine Information Statement from the Center for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents. I have had the opportunity to discuss this 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) according to the medically accepted schedule, the consequences may include:
 - ◊ Contracting the illness the vaccine should 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
 - ◊ Requiring my child to stay out of child care or school during disease outbreaks
- My child's doctor, 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 which my child might come in contact.

I know that I may re-address this issue with my child's doctor 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 _____

Southside Pediatrics PC
300 Meadow Run Drive
Hastings, MI 49058
Dr. Carrie Wilgus

Phone (269) 818-1020 or fax (269) 818-1266