

Decision to Not Vaccinate My Child

I am the parent/guardian of the child named at the bottom of this form. My healthcare provider has recommended that my child be vaccinated against the diseases indicated below. I have been given a copy of the Vaccine Information Statement (VIS) that explains the benefits and risks of receiving each of the vaccines recommended for my child. I have carefully reviewed and considered all of the information given to me. However, I have decided not to have my child vaccinated at this time. I have read and acknowledge the following:

- I understand that some vaccine-preventable diseases (e.g., measles, mumps, pertussis [whooping cough]) are infecting unvaccinated U.S. children, resulting in many hospitalizations and even deaths.
- I understand that though vaccination has led to a dramatic decline in the number of U.S. cases of the diseases listed below, some of these diseases are quite common in other countries and can be brought to the U.S. by international travelers. My child, if unvaccinated, could easily get one of these diseases while traveling or from a traveler.
- I understand that my unvaccinated child could spread disease to another child who is too young to be vaccinated or whose medical condition (e.g., leukemia, other forms of cancer, immune system problems) prevents them from being vaccinated. This could result in long-term complications and even death for the other child.
- I understand that if *every* parent exempted their child from vaccination, these diseases would return to our community in full force.
- I understand that my child may not be protected by “herd” or “community” immunity (i.e., the degree of protection that is the result of having most people in a population vaccinated against a disease).
- I understand that some vaccine-preventable diseases such as measles and pertussis are extremely infectious and have been known to infect even the very few unvaccinated people living in highly vaccinated populations.
- I understand that if my child is not vaccinated and consequently becomes infected, he or she could experience serious consequences, such as amputation, pneumonia, hospitalization, brain damage, paralysis, meningitis, seizures, deafness, and death. Many children left intentionally unvaccinated have suffered severe health consequences from their parents’ decision not to vaccinate them.
- I understand that my child may be excluded from his or her child care facility, school, sports events, or other organized activities during disease outbreaks. This means that I could miss many days of work to stay home with my child.
- I understand that the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all clearly support preventing diseases through vaccination.

| Vaccine / Disease | VIS given (✓) | Vaccine recommended by doctor or nurse (Dr./Nurse initials) | I decline this vaccine (Initials of parent/guardian) |
|--|---------------|---|--|
| Diphtheria-tetanus-pertussis (DTaP) | | | |
| <i>Haemophilus influenzae</i> type b (Hib) | | | |
| Hepatitis A (HepA) | | | |
| Hepatitis B (HepB) | | | |
| Human papillomavirus (HPV) | | | |
| Influenza | | | |
| Measles-mumps-rubella (MMR) | | | |

| Vaccine / Disease | VIS given (✓) | Vaccine recommended by doctor or nurse (Dr./Nurse initials) | I decline this vaccine (Initials of parent/guardian) |
|-------------------------------------|---------------|---|--|
| Meningococcal (MCV) | | | |
| Varicella (Var) | | | |
| Pneumococcal conjugate (PCV) | | | |
| Polio, inactivated (IPV) | | | |
| Rotavirus (RV) | | | |
| Tetanus-diphtheria (Td) | | | |
| Tetanus-diphtheria-pertussis (Tdap) | | | |

In signing this form, I acknowledge I am refusing to have my child vaccinated against one or more diseases listed above; I have placed my initials in the column titled “I decline this vaccine” to indicate the vaccine(s) I am declining. I understand that at any time in the future, I can change my mind and vaccinate my child.

Child’s name: _____

Date of birth: _____

Parent/guardian signature: _____

Date: _____

Doctor/nurse signature: _____

Date: _____