



Patient Name Label

Childhood Vaccine Refusal Form

I have discussed the vaccine(s) recommended by my child’s clinician as listed below. I understand the following:

- The purpose, benefits, and risks of the recommended vaccine(s)
- The consequences of not receiving the vaccine may include:
 - contracting the illness the vaccine should prevent
 - the disease may be transmitted to others
 - the need for my child to stay out of school, daycare, sports or work during disease outbreaks

I have read the Centers for Disease Control and Prevention’s (CDC) Vaccine Information Statement(s), and I have decided to decline the vaccine(s) as indicated in the column titled “declined.” I am authorized to decline treatment for this child.

Recommended	Declined
<input type="checkbox"/> Hepatitis B vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria, Tetanus, acellular Pertussis vaccines: DTaP, DT, Td, Tdap	<input type="checkbox"/>
<input type="checkbox"/> <i>Haemophilus influenzae</i> type B (Hib) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Pneumococcal conjugate vaccine	<input type="checkbox"/>
<input type="checkbox"/> Polio vaccine (IPV)	<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"/> Hepatitis A vaccine	<input type="checkbox"/>
<input type="checkbox"/> Influenza (flu) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Meningococcal vaccine	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>

I know that declining vaccinations may endanger the health or life of my child and others that my child might come in contact with.

I know that I may discuss this issue with my child’s clinician at any time and that I may change my mind and accept vaccination for my child in the future.

I acknowledge that I have read and fully understand this document in its entirety, and I have received a copy of this vaccine refusal form for my personal records.

Signature of parent/guardian

Date

Staff Witness

Date