

Refusal to Consent to Vaccination Children and Adolescents

This tool is used to document a refusal to vaccinate in the patient's medical record. This is not a waiver form. Parents or guardians may obtain a form for a waiver from the child's childcare or school program. Contact your local health department for more information.

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

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

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

Recommended	Vaccine	Declined
	Diphtheria, tetanus, acellular pertussis (DTaP)	
	Diphtheria, tetanus (DT or Td)	
	<i>Haemophilus influenzae</i> type B (Hib)	
	Hepatitis A	
	Hepatitis B	
	Human papillomavirus (HPV4)	
	Influenza (TIV or LAIV)	
	Measles, mumps, rubella (MMR)	
	Meningococcal (MCV4 or MPSV4)	
	Pneumococcal vaccine (PCV 7 or PPSV23)	
	Polio (IPV)	
	Rotavirus (RV)	
	Tetanus, diphtheria, acellular pertussis (Tdap)	
	Varicella (chickenpox)	
	Other: _____	

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. My child's health care provider has explained to me (and I understand) the following:

- The **purpose** of the recommended vaccination
- The **risks and benefits** of the recommended vaccination
- **Possible consequence(s)** of not allowing my child to receive the recommended vaccination may include contracting the illness the vaccine is intended to prevent and transmitting the disease to others.
- My doctor, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention (CDC) have all strongly recommended that the vaccine(s) be given.

The health care provider has answered all of my questions.

I know that I may change my mind and accept vaccination for my child in the future.

I accept sole responsibility for any consequences as a result of my child not being vaccinated.

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 re-discuss my decision not to vaccinate my child and still decline the recommended immunizations:

Parent's initials _____ Date _____ Parent's initials _____ Date _____ Parent's initials _____ Date _____

Parent's initials _____ Date _____ Parent's initials _____ Date _____ Parent's initials _____ Date _____