

# Record of Vaccine Declination

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, at this time I choose to refuse the vaccine(s) for my child that are shown in the table below. I have read and acknowledge the following:

- I understand that vaccine-preventable diseases can infect unvaccinated U.S. children and can result in hospitalization and even death.
- I understand that vaccine-preventable infections that are no longer common in the U.S. still occur around the world. An unvaccinated child can be infected while traveling, or through direct or indirect contact with a traveler.
- I understand that my unvaccinated child could spread disease to another child who is too young to be vaccinated or to a person whose medical condition, such as cancer, or immune system problems, prevents them from being vaccinated. This could result in health complications and even death for the other person.
- I understand that if too many parents exempted their child from vaccination, these diseases would return to our community in full force.
- I understand that my unvaccinated child may not be protected by "herd" or "community" immunity (i.e., 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 unvaccinated people living in highly vaccinated populations.

- I understand that if my child is not vaccinated and gets infected, my child could develop serious complications. These may include pneumonia, hospitalization, brain damage, paralysis, seizures, deafness, and death.
- 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 my child and I could miss many days of school and/or work.
- I understand that the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all recommend preventing diseases through vaccination.

Vaccine / Disease	VIS given (✓)	Vaccine recommended by doctor or nurse (Dr./Nurse initials)	I decline this vaccination for my child (Initials of parent/guardian)
COVID-19			
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)			
Meningococcal ACWY (MenACWY)			
Meningococcal B (MenB)			
Pneumococcal conjugate (PCV)			
Polio, inactivated (IPV)			
Rotavirus (RV)			
Tetanus-diphtheria (Td)			
Tetanus-diphtheria-pertussis (Tdap)			
Varicella (Var)			

After discussion with my provider who recommends these vaccines, I acknowledge that I am declining to have my child vaccinated against one or more diseases listed above. I have placed my initials in the table above to indicate the vaccine(s) I am declining. I understand that I can change my decision in the future and have my child vaccinated.

CHILD'S NAME

DATE OF BIRTH

PARENT/GUARDIAN SIGNATURE

DATE

DOCTOR/NURSE SIGNATURE

DATE

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