

Model Child Care Health Policies, 5th Edition. (2014) Appendix E

Refusal to Vaccinate

CHILD'S/ADULT WORKER'S NAME

CHILD'S PARENT'S/GUARDIAN'S NAME

I have had the opportunity to discuss the recommended vaccines and my refusal with my/my child's doctor or nurse, who has answered all of my questions about the recommended vaccine(s). I have had the opportunity to review a list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine on the Web site of the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/pubs/vis/default.htm.

I still decline the following nationally recommended immunizations:

Name of Vaccine	Check if Recommended for Age and Risk	Declined or Delayed; Initials and Date
Hepatitis B		
Diphtheria, tetanus, acellular pertussis (DTaP or Tdap)		
Diphtheria, tetanus (DT or Td)		
<i>Haemophilus influenzae</i> type b (Hib)		
Pneumococcal conjugate or polysaccharide		
Inactivated poliovirus (IPV)		
Measles-mumps-rubella (MMR)		
Varicella (chickenpox)		
Influenza (flu)		
Meningococcal conjugate or polysaccharide		
Hepatitis A		
Rotavirus		
Human papillomavirus (HPV)		
Other		

I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).
- That some vaccine-preventable diseases are common in other countries and that unvaccinated people could easily get one of these diseases while traveling or from a traveler who comes to anyplace in my community.
- Without receiving the vaccine(s) according to the medically accepted schedule, the consequences may include getting the disease that could increase the risk of certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness, as well as other severe and permanent effects.
- Spreading the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring staying at home for a prolonged time.

I agree to tell all health care and all education professionals in all settings what vaccines I/my child have/has not received. Lacking immunization may require isolation or immediate medical evaluation and tests that might not be necessary if the vaccines had been given.

I know that I may revisit this issue with my (child's) doctor or nurse at any time and that I may change my mind and accept vaccination any time in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

ADULT WORKER OR PARENT/GUARDIAN SIGNATURE

DATE

WITNESS NAME (PRINT)

WITNESS SIGNATURE

DATE