

## 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. Remember to document vaccine refusal in the Michigan Care Improvement Registry.

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	Reason for Refusal
	Diphtheria, tetanus, acellular pertussis (DTaP)		
	Diphtheria, tetanus (DT or Td)		
	<i>Haemophilus influenzae</i> type B (Hib)		
	Hepatitis A (Hep A)		
	Hepatitis B (Hep B)		
	Human papillomavirus (HPV)		
	Influenza		
	Measles, mumps, rubella (MMR)		
	Meningococcal (MCV or MPSV)		
	Pneumococcal vaccine (PCV or PPSV)		
	Polio (IPV)		
	Rotavirus (RV)		
	Tetanus, diphtheria, acellular pertussis (Tdap)		
	Varicella (chickenpox) (Var)		
	Other: _____		

I have read the Centers for Disease Control and Prevention's Vaccine Information Statement(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, the Centers for Disease Control and Prevention, and the Michigan Department of Community Health **strongly recommend** 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 \_\_\_\_\_