

## Refusal to Vaccinate

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

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Hepatitis B vaccine                                     |
| <input type="checkbox"/> | Diphtheria, Tetanus, acellular Pertussis (DTaP) vaccine |
| <input type="checkbox"/> | Diphtheria Tetanus (DT or dT) vaccine                   |
| <input type="checkbox"/> | <i>Haemophilus influenzae</i> type B (Hib) vaccine      |
| <input type="checkbox"/> | Pneumococcal conjugate vaccine                          |
| <input type="checkbox"/> | Polio vaccine (IPV)                                     |
| <input type="checkbox"/> | Measles, mumps, rubella (MMR) vaccine                   |
| <input type="checkbox"/> | Varicella (chickenpox) vaccine                          |
| <input type="checkbox"/> | Influenza (flu) vaccine                                 |
| <input type="checkbox"/> | Meningococcal vaccine                                   |
| <input type="checkbox"/> | Hepatitis A vaccine                                     |
| <input type="checkbox"/> | Other _____   |

### Declined

- |                          |
|--------------------------|
| <input type="checkbox"/> |

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. I have had the opportunity to discuss these with my child's health care provider, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- The **purpose** of and the need for the recommended vaccine(s)
- The **risks and benefits** of the recommended vaccine(s)
- If my child does not receive the vaccine(s), **the consequences** may include:
  - contracting the illness the vaccine should prevent
  - transmitting the disease to others
  - the need for my child to stay out of daycare or school during disease outbreaks
- My health care provider, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention have all strongly recommended that the vaccine(s) be given

Nevertheless I have decided to decline the vaccine(s) recommended for my child, as indicated above, by checking the appropriate box under the column titled "declined."

I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others that my child might come in contact with.

I know that I may re-address this issue with my health care provider at any time, and that I may change my mind and accept vaccination for my child anytime in the future.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

American Academy  
of Pediatrics



## **Documenting Parental Refusal to Accept Vaccination**

All parents and patients should be informed about the risks and benefits of preventive and therapeutic procedures, including vaccination. In the case of vaccination, federal law mandates this discussion. Despite the health care provider's best efforts to explain its importance, some families may refuse one or more vaccinations for their children. The use of this or a similar form may in some instances induce a wavering parent to accept your recommendations because it emphasizes the importance you place on being appropriately immunized.

In addition to concern for the health of their unimmunized patient, health care providers may be concerned about liability. The American Academy of Pediatrics' Committee on Infectious Diseases states:

Documentation of [vaccine risk communication] in the patient's record may help to reduce any potential liability should a vaccine-preventable disease occur in the unimmunized patient.

Health care providers may decide it is in their best interest to formally document a parent's refusal to accept vaccination for a minor child. This form, which should not be considered a legal document without advice from a lawyer, may be used as a template for such documentation. Completion of a form, in and of itself, never substitutes for good risk communication nor would it provide absolute immunity from liability. After completion of this form re-discussion of these issues at another time may still be appropriate. Completion of this form also does not provide a family with exemption from state school or day care entry requirements. If you think it appropriate to use in your setting, this form may be used in those instances where parents refuse to have their child vaccinated with one or more vaccines. The form may be duplicated or changed to suit your and your patients' needs.

### **Section on Infectious Diseases**

Input from

Committee on Bioethics

Committee on Community Health Services

Committee on Infectious Diseases

Committee on Medical Liability

Committee on Practice and Ambulatory Medicine

Section on Administration and Practice Management

Section on Computers and Other Technologies

### **Reference:**

American Academy of Pediatrics. Informing Patients and Parents. In: Pickering LK, ed. *2000 Red Book: Report of the Committee on Infectious Diseases*. 25th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2000: pages 5-6.