



Email: info@compassionhealthcare.org
Web: compassionhealthcare.org

Refusal to Vaccinate

(Revised 11/1/2023)

Child's Name _____ Child's ID# _____

Parent's / Guardian's Name _____

My child's provider/nurse, _____
Has advised me that my child (named above) should receive the following
vaccines:

Table with 2 columns: Recommended, Declined. Rows include Hepatitis B vaccine, Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine, etc.

- That some vaccine-preventable diseases are common in other countries...
If my child does not receive the vaccine(s) according to the medically accepted schedule...
My child's provider and the American Academy of Pediatrics...

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

I know that I may readdress this issue with my child's provider or nurse at any time and that I may change my mind and accept vaccination for my child any time in the future.

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

I have been provided with and given the opportunity to read each Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents for each of the vaccine(s) checked as recommended and which I have declined, as indicated above.

Parent / Guardian Signature: _____ Date: ____/____/____

Provider: _____ Date: ____/____/____

I have had the opportunity to rediscuss my decision not to vaccinate my child and still decline the recommended immunizations.

Parents Initials: _____ Date: ____/____/____ Parent's Initials: _____ Date: ____/____/____