

## VACCINATION PREFERENCE

- Yes, I would like to vaccinate my child.
- Yes, but I would like to follow an alternative schedule.
- No, I would prefer not to vaccinate my child.

If yes are there any vaccinations you are not comfortable with?

- Dtap/Tdap
- Hep B
- Hep A
- Hib
- Pneumococcal (PCV13)
- Polio (IPV)
- MMR
- Varicella
- Meningococcal (MCV4, Men B)
- Gardasil
- Rotavirus
- Flu

Is this a topic you would like to discuss?

- Yes, I have questions.
- No, I feel confident and would prefer not to discuss it.

Anything else you would like me to know?

X

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Please sign and date