

Record of Vaccine Declination

I am the parent/guardian of the child named at the bottom of this form. My healthcare provider has recommended that my child be vaccinated against the diseases indicated below. I have been given a copy of the Vaccine Information Statement (VIS) that explains the benefits and risks of receiving each of the vaccines recommended for my child. I have carefully reviewed and considered all of the information given to me. However, at this time I choose to refuse the vaccine(s) for my child that are shown in the table below. I have read and acknowledge the following:

- I understand that vaccine-preventable diseases can infect unvaccinated U.S. children and can result in hospitalization and even death.
- I understand that vaccine-preventable infections that are no longer common in the U.S. still occur around the world. An unvaccinated child can be infected while traveling, or through direct or indirect contact with a traveler.
- I understand that my unvaccinated child could spread disease to another child who is too young to be vaccinated or to a person whose medical condition, such as cancer, or immune system problems, prevents them from being vaccinated. This could result in health complications and even death for the other person.
- I understand that if too many parents exempted their child from vaccination, these diseases would return to our community in full force.
- I understand that my unvaccinated child may not be protected by "herd" or "community" immunity (i.e., protection that is the result of having most people in a population vaccinated against a disease).
- I understand that some vaccine-preventable diseases such as measles and pertussis are extremely infectious and have been known to infect unvaccinated people living in highly vaccinated populations.

- I understand that if my child is not vaccinated and gets infected, my child could develop serious complications. These may include pneumonia, hospitalization, brain damage, paralysis, seizures, deafness, and death.
- I understand that my child may be excluded from his or her child care facility, school, sports events, or other organized activities during disease outbreaks. This means my child and I could miss many days of school and/or work.
- I understand that the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all recommend preventing diseases through vaccination.

Vaccine / Disease	VIS given (✓)	Vaccine recommended by doctor or nurse (Dr./Nurse Initials)	I decline this vaccination for my child (Initials of parent/guardian)
COVID-19			
Diphtheria-tetanus-pertussis (DTaP)			
<i>Haemophilus influenzae</i> type b (Hib)			
Hepatitis A (HepA)			
Hepatitis B (HepB)			
Human papillomavirus (HPV)			
Influenza			
Measles-mumps-rubella (MMR)			
Meningococcal ACWY (MenACWY)			
Meningococcal B (MenB)			
Pneumococcal conjugate (PCV)			
Polio, inactivated (IPV)			
RSV preventive antibody (RSV-mAb)			
Rotavirus (RV)			
Tetanus-diphtheria (Td)			
Tetanus-diphtheria-pertussis (Tdap)			
Varicella (Var)			

After discussion with my provider who recommends these vaccines, I acknowledge that I am declining to have my child vaccinated against one or more diseases listed above. I have placed my initials in the table above to indicate the vaccine(s) I am declining. I understand that I can change my decision in the future and have my child vaccinated.

CHILD'S NAME

DATE OF BIRTH

PARENT/GUARDIAN SIGNATURE

DATE

DOCTOR/NURSE SIGNATURE

DATE

CONTINUED ON THE NEXT PAGE ►



Additional Information for Healthcare Professionals about Immunize.org's "Record of Vaccine Declination"

Unfortunately, some parents will refuse to have their child receive some vaccines. For healthcare providers who want to assure that these parents fully understand the consequences, Immunize.org has produced a form titled "Record of Vaccine Declination." This form facilitates and documents the discussion that a healthcare professional can have with parents about the risks of not having their child vaccinated before the child leaves the medical setting.

Your use of the "Record of Vaccine Declination" demonstrates the importance you place on timely and complete vaccination, focuses the parents' attention on the unnecessary risk for which they are accepting responsibility, and may encourage a vaccine-hesitant parent to accept your recommendations.

Your recommendation can make a difference. Vaccine recommendations from the child's healthcare provider can strongly influence a parent's final vaccination decision.¹ Most parents trust their children's doctor for vaccine-safety information (76% endorsed "a lot of trust"), according to researchers from the University of Michigan.² Similarly, analyses of the 2009 HealthStyles Survey found that the vast majority of parents (81.7%) name their child's doctor or nurse as the most important source that helped them make decisions about vaccinating their child.³ Gust and colleagues found that the advice of their children's healthcare provider was the main factor in changing the minds of parents who had been reluctant to vaccinate their children or who had delayed their children's vaccinations.⁴ Guidance on how to conduct a discussion with parents about their child's need for vaccinations is available from the American Academy of Family Physicians⁵ and also CDC (see www.cdc.gov/vaccines/hcp/conversations/conv-materials.html#understand).

The consequences of not vaccinating are well documented. The following are just a few examples of the impact of vaccine refusal:

- **Association between vaccine refusal and vaccine-preventable diseases in the United States: A review of measles and pertussis.** Phadke VK, Bednaraczyk RA, Salmon DA, Omer SB. *JAMA* 2016; 315(11): 1149–58. <https://pubmed.ncbi.nlm.nih.gov/26978210/>
- **An outbreak of measles in an undervaccinated community.** Gahr P, DeVries AS, Wallace G, et al. *Pediatrics*. July 2014; 134(1):2220–8. <https://pubmed.ncbi.nlm.nih.gov/24913790/>
- **Nonmedical vaccine exemptions and pertussis California.** Atwell JE, Van Otterloo J, Sipprich J, et al. *Pediatrics* 2013; 132(4):624–30. <https://pubmed.ncbi.nlm.nih.gov/24082000/>

To ensure that your parents and patients are fully informed about vaccination risks and benefits, follow these steps:

- Give the appropriate Vaccine Information Statement (VIS) to the parent or legal representative before each vaccine is given. This is required by federal law.
- When parents refuse a recommended vaccine, document that you provided the VIS(s), and have the parent sign the "Record of Vaccine Declination."
- Revisit the vaccination discussion at each subsequent visit. Flag the charts of fully or partially unvaccinated children as a reminder to revisit the vaccination discussion. Flagging also alerts the team about missed vaccinations when evaluating an ill child, especially one who has a fever without a clear source.

What do others say about documentation of vaccine declination?

American Academy of Pediatrics (AAP): "Despite [our] best efforts to discuss the effectiveness of immunizations and the low risk of significant side effects from immunization, some families will still refuse to have their children immunized. In those cases, it is important to document the refusal of one or more recommended immunizations and attempts to counsel the family in the patient's medical record... To support this, the AAP has updated a *Refusal of Recommended Immunization* form."⁶ AAP also has published information and resources that describe how to code for and document discussions.⁷

National Association of County and City Health Officials (NACCHO): NACCHO encourages various steps be taken to limit non-medical exemptions to school immunization requirements. "For individuals requesting [non-medical] exemptions, (1) require documentation from a medical provider regarding the refusal to vaccinate and consultation pertaining to risks; (2) require consultation and signature by the local health department for non-medical exemptions; or (3) implement mandatory education sessions and require acknowledgement of risk or notarized documentation of non-medical exemptions for parents, guardians, or student 18 years and older about the importance of immunization and the impact of refusing immunizations."⁸

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6. AAP. Refusal of Recommended Immunizations, accessed on July 1, 2024 at https://downloads.aap.org/AAP/PDF/RTI_Form.pdf
7. AAP. Refusal to Vaccinate, accessed on July 1, 2024 at www.aap.org/en/patient-care/immunizations/immunization-administration-in-your-practice/refusal-to-vaccinate/
8. NACCHO. Statement of Policy: School and Child Care Immunization Requirements. Approved by NACCHO Board of Directors on February 24, 2016; Updated February 2023. Accessed on July 2, 2024 at www.naccho.org/uploads/downloadable-resources/16-01-School-and-Childcare-Immunization-Requirements_2023-03-30-195614_ovgz.pdf
9. AAFP. Looking for Tips on Talking to Parents About Vaccines? www.aafp.org/news/health-of-the-public/20190412_vaccinetalk.html

Registro de rechazo de la vacuna

Soy el padre/la madre/el tutor del menor mencionado en la parte inferior de este formulario. Mi proveedor de atención médica ha recomendado que a mi hijo lo vacunen contra las enfermedades que se indican a continuación. Se me ha entregado una copia de la Vaccine Information Statement, VIS (Declaración de información sobre la vacuna) en la que se explican los beneficios y riesgos para mi hijo de recibir cada una de las vacunas recomendadas. He revisado y consideré cuidadosamente toda la información que se me ha proporcionado. Sin embargo, en este momento, elijo rechazar las vacunas para mi hijo que se muestran en la tabla a continuación. He leído y reconozco lo siguiente:

- Comprendo que las enfermedades que se pueden prevenir con vacunas pueden infectar a los niños estadounidenses no vacunados y pueden llevar a la hospitalización e incluso a la muerte.
- Comprendo que las infecciones que se pueden prevenir con vacunas y que ya no son frecuentes en los EE. UU. aún ocurren en todo el mundo. Un niño no vacunado puede infectarse mientras viaja o a través del contacto directo o indirecto con un viajero.
- Comprendo que mi hijo no vacunado podría contagiar con alguna enfermedad a otro niño que puede ser demasiado pequeño como para recibir una vacuna o a una persona cuya afección médica, como cáncer o problemas del sistema inmunitario, evita que puedan vacunarse. Este contagio podría causar complicaciones de salud e incluso la muerte de la otra persona.
- Comprendo que, si demasiados padres evitaran que sus hijos recibieran las vacunas, estas enfermedades regresarían a nuestra comunidad con fuerza.
- Comprendo que es posible que mi hijo no vacunado no esté protegido por la inmunidad "de rebaño" o "comunitaria" (es decir, protección que resulta de que la mayoría de las personas de una población se vacunen contra una enfermedad).
- Comprendo que algunas enfermedades que se pueden prevenir con vacunas, como el sarampión y la tos ferina, son extremadamente infecciosas y se sabe que infectan a personas no vacunadas que viven en lugares con la mayoría de personas vacunadas.

- Comprendo que, si mi hijo no es vacunado y se infecta, podría desarrollar complicaciones graves. Estas pueden incluir neumonía, hospitalización, daño cerebral, parálisis, convulsiones, sordera y muerte.
- Comprendo que mi hijo puede ser excluido de su centro de cuidado infantil, escuela, eventos deportivos u otras actividades organizadas durante brotes de enfermedades. Esta exclusión significa que mi hijo y yo podríamos perder muchos días de escuela o trabajo.
- Comprendo que la American Academy of Pediatrics (Academia Estadounidense de Pediatría), la American Academy of Family Physicians (Academia Estadounidense de Médicos de Familia) y los Centers for Disease Control and Prevention (Centros para el Control y la Prevención de Enfermedades) recomiendan prevenir enfermedades mediante la vacunación.

Vacuna/Enfermedad	VIS apli- cada (✓)	Vacuna recomendada por médico o enfermero (Dr./Iniciales del enfermero)	Rechazo esta vacuna para mi hijo (Iniciales de padre/madre/ tutor)
COVID-19			
Difteria, tétanos, tos ferina (DTaP)			
<i>Haemophilus influenzae</i> tipo b (Hib)			
Hepatitis A (HepA)			
Hepatitis B (HepB)			
Virus del papiloma humano (VPH)			
Influenza			
Sarampión, paperas, rubéola (MMR)			
Meningocócica ACWY (MCV4)			
Meningocócica B (MenB)			
Conjugado neumocócico (PCV)			
Vacuna antipoliomielítica inactivada			
Anticuerpo preventivo contra el VRS (RSV-mAb)			
Rotavirus (RV)			
Tétanos, difteria (Td)			
Tétanos, difteria, tos ferina (Tdap)			
Varicela (Var)			

Después de hablar con mi proveedor de atención médica que me recomendó estas vacunas, reconozco que he rechazado que mi hijo reciba vacunas contra una o más enfermedades enumeradas anteriormente. He colocado mis iniciales en la tabla anterior para indicar las vacunas que he rechazado. Comprendo que puedo cambiar mi decisión en el futuro y vacunar a mi hijo.

NOMBRE DEL MENOR

FECHA DE NACIMIENTO

FIRMA DEL PADRE/MADRE/TUTOR

FECHA

FIRMA DEL MÉDICO/ENFERMERO

FECHA

CONTINÚA EN LA PÁGINA SIGUIENTE ►



PARA PROFESIONALES www.immunize.org o PARA EL PÚBLICO www.vaccineinformation.org

"Record of Vaccine Declination"
www.immunize.org/catg.d/p4059-spa.pdf
Item#P4059-SPA, Spanish (7/5/2024)



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