

Wichita Pediatric Assoc.

Vaccination Refusal/Variation from CDC recommended Vaccination Schedule Form

Child's Name _____ D.O.B. _____

Parent's Name _____

My child's healthcare provider at Wichita Pediatrics Assoc. has advised me that my child should receive the following vaccines and I have declined. (Check those that apply)

____ Hepatitis B Vaccine

____ Chicken pox (Varicella) vaccine

____ Diphtheria, Tetanus, acellular Pertussis (DTaP or Tdap)

____ Meningococcal Vaccine (Menactra)

____ Haemophilus Influenza type B (HiB) Vaccine

____ Hepatitis A Vaccine

____ Pneumococcal conjugate vaccine (Prevnar)

____ Influenza (Flu) vaccine

____ Polio Vaccine (IPV)

____ Human Papilloma Virus vaccine (Gardasil) for cervical cancer

____ Measles, Mumps, Rubella (MMR) Vaccine

I have read the Centers for Disease Control (CDC) Vaccine information sheets explaining the vaccine(s), the disease(s) they prevent, and the possibility of a LIFE THREATENING ILLNESS they could be at risk of contracting.

I have had the opportunity to discuss these with my child's health care provider who has answered all 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)

-contracting the illness the vaccine is designed to prevent which may include becoming mildly to seriously ill, hospitalization, and/or death

-transmitting the disease to others

My healthcare provider, the American Academy of Pediatrics, the American Academy of Family Physicians, and the CDC have all strongly recommended that the vaccine(s) be given on schedule in concordance with the American Committee on Immunization Practices (ACIP) Recommended Vaccination Schedule.

I know that I may re-address this issue with my healthcare provider at any time, and that I may rescind my request and accept the recommended vaccination for my child anytime in the future.

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

By signing this form I understand that I am exposing my child to the threat of a LIFE THREATENING ILLNESS.

Parent Signature _____ Date _____

Witness Signature _____ Date _____