

Declination of Vaccine Form

Patient Name _____ DOB _____

Parent/Guardian's Name(s) _____

My child's health care provider, **Marsha Cayton, CPNP of SEE Alternatives Pediatrics**, has advised me that the Center for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), as well as the American Academy of Pediatrics recommends that my child (named above) receive the vaccine schedule on the reverse of this form.

I have been provided access to the CDC's Vaccine Information Sheet(s) and other resources explaining the vaccine(s) and the disease(s) it prevents. I have had the opportunity to discuss these vaccinations with my child's health care provider, who has discussed the reasoning for and addressed my concerns regarding the recommended vaccine(s).

I understand the following:

- The purpose of 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. Most vaccines are designed to prevent illness or reduce the severity of illness. In some cases, contracting the illness results in hospitalization, impairment, and death. We are unable to predict whom will experience severe consequences of illnesses.
 - transmitting the disease to others.
 - increased risk of acquiring and transmitting disease when traveling outside the US.
 - the need for my child to stay out of school or daycare during the disease outbreaks.
- The state of SC has requirements for daycare and school that closely reflect the recommended vaccine schedule. By law, we are required to provide only state approved, complete vaccine records for use by a daycare or school. No special letters or documentation will be provided for daycares, schools, or camps.
- Medical exemptions are rare and available for children with witnessed or documented vaccine reactions.
- Modified or altered vaccine schedules have not been studied by the FDA.

Nevertheless, I have chosen to **decline or delay some or all** vaccine(s) recommended for my child, as indicated on the reverse of this form [circle the vaccines declined or delayed].

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 at any time in the future.

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

Parent/Guardian Signature

Date

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Vaccine Schedule as per CDC recommendations on 3/1/2021

2 months: **DTaP, Hib, PCV13, IPV, Hep B, Rota**

Declined all listed

Vaccines Declined _____ Initials _____ Date: _____

4 months: **DTaP, Hib, PCV 13, IPV, Rota**

Declined all listed

Vaccines Declined _____ Initials _____ Date: _____

6-9 months: **DTaP, Hib, PCV13, IPV, Hep B, Rota**

Declined all listed

Vaccines Declined _____ Initials _____ Date: _____

12-24 months: **Hep A (2 doses), DTaP, Hib, PCV13, MMR, Var**

Declined all listed

Vaccines Declined _____ Initials _____ Date: _____

4-5 years: **DTaP, IPV, MMR, Varicella**

Declined all listed

Vaccines Declined _____ Initials _____ Date: _____

Key:

DTaP – Diphtheria, Tetanus, acellular Pertusis

Hep A – Hepatitis A

Hep B – Hepatitis B

Hib – Haemophilus influenzae type b

IPV – inactivated poliovirus

MMR – Measles, mumps, rubella

PCV 13 – Pneumococcal conjugate

Rota - Rotavirus

Var – Varicella