

The Children's Clinic of Conway and Greenbrier

Refusal to Vaccinate Form

Child: _____

DOB: _____

Parent/Guardian: _____

| | Vaccine recommended | Initial for refusal |
|--------------------------|--|---------------------|
| <input type="checkbox"/> | Hepatitis B Virus that can damage the liver, which can lead to cirrhosis of the liver, liver failure, and/or liver cancer. | _____ |
| <input type="checkbox"/> | Diphtheria Disease caused by a bacteria that releases a toxin that damages the nose and throat. It can cause damage to the heart, kidneys, and nervous system and can be lethal even if treated. | _____ |
| <input type="checkbox"/> | Tetanus Disease caused by a bacteria that releases a toxin that prevents muscles from relaxing. Also known as 'lockjaw'. It causes excruciatingly painful, seizure-like spasms that can eventually result in death from respiratory failure | _____ |
| <input type="checkbox"/> | Pertussis Highly contagious. Causes cough and congestion initially followed by uncontrolled coughing 'fits' for up to 10 weeks. It also causes apnea, cyanosis, and potentially death in infants | _____ |
| <input type="checkbox"/> | Haemophilus influenzae type B Life threatening <u>bacterial</u> infection, spread via coughing or sneezing, that can cause pneumonia, blood stream infections, and/or meningitis. Hib infection can result in loss of limbs, severe brain damage, or death. Children less than 5 years old are at heightened risk of infection and complications. | _____ |
| <input type="checkbox"/> | Pneumococcus Bacteria that causes ear infections, pneumonia, and meningitis. Pneumococcal pneumonia can damage the lungs and heart and is lethal in 1 out of 20 infections. Pneumococcal meningitis is lethal in 1 out of 12 children and 1 out of 6 adults and those lucky enough to survive often have long-term brain damage. Pneumococcal blood stream infection is lethal in 1 out of 30 children and 1 out of 8 adults. | _____ |
| <input type="checkbox"/> | Rotavirus 'Stomach bug' virus that causes vomiting and significant watery diarrhea leading to dehydration and, potentially, death if fluids are not administered early enough | _____ |
| <input type="checkbox"/> | MMR Measles is highly contagious, causes high fever and respiratory symptoms and young children are at risk for severe complications including pneumonia and brain swelling. Mumps causes salivary gland swelling, headache, fever and can potentially cause inflammation of testicles, ovaries, pancreas, and/or the brain and spinal cord. Rubella causes cold-like symptoms but can harm a pregnant woman's developing baby which may result in miscarriage, death of the newborn shortly after birth, and heart and/or brain damage if the newborn survives. | _____ |
| <input type="checkbox"/> | Varicella Highly contagious, generally mild illness. Vaccination is required due to potential complications including pneumonia, skin bacterial infection, and brain swelling. Immunocompromised people can develop varicella infection of the internal organs. Pregnant women are at risk for pneumonia and death from varicella and her baby is at risk for skin scarring and damage to limbs, brain, and eyes. | _____ |
| <input type="checkbox"/> | Hepatitis A Typically causes 'stomach bug' like symptoms but can cause damage to the liver potentially causing liver failure | _____ |
| <input type="checkbox"/> | Meningococcal Vaccine covers multiple bacteria that cause meningitis. Infection leads to death in 1 out of 10 and 1 out of 5 survivors have life-long disability | _____ |
| <input type="checkbox"/> | Polio Disease caused by a virus most known for causing paralysis. Largely eliminated in the US but causes still occur internationally and, due to international travel, new cases can potentially occur in the US | _____ |

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. I have had the opportunity to discuss the recommendation and my refusal with my child's doctor or nurse, who has answered all of my questions about the recommended vaccine(s). A list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is available at <https://www.cdc.gov/vaccines/hcp/current-vis/index.html>.

I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).
- That some vaccine-preventable diseases are common in other countries and that my unvaccinated child could easily get one of these diseases while traveling or from a traveler.
- If my child does not receive the vaccine(s) according to the medically accepted schedule, the consequences may include
 - Contracting the illness the vaccine is designed to prevent (the outcomes of these illnesses may include one or more of the following: certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness; other severe and permanent effects from these vaccine-preventable diseases are possible as well).
 - Transmitting the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school and requiring someone to miss work to stay home with my child during disease outbreaks.
- My child's doctor and the American Academy of Pediatrics strongly recommend that the vaccine(s) be given according to recommendations.

Nevertheless, I have decided at this time to decline or defer the vaccine(s) recommended for my child, as indicated below, by checking the appropriate box under the column titled "Declined." I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with whom my child might come into contact. I therefore agree to tell all health care professionals in all settings what vaccines my child has not received because he or she may need to be isolated or may require immediate medical evaluation and tests that might not be necessary if my child had been vaccinated.

I know that I may readdress this issue with my child's doctor or nurse in the future and that I may change my mind and accept vaccination for my child

Please initial and sign below

| | |
|---------------|--|
| Initial below | |
| _____ | I acknowledge that I have read this document in its entirety and fully understand it. |
| _____ | I understand that in refusing vaccine(s) my child and those around him/her are at increased risk from preventable illness |
| _____ | I have read and understood The Children's Clinic's Vaccine Policy letter |
| _____ | I understand that I may be required to wait in the sick waiting room or in my car to help prevent exposing other children and adults from preventable illness |
| _____ | I understand that the clinic has a vaccine policy and that, in accordance with that policy, once the providers at The Children's Clinic feel it is safe to do so I may be required to find a new clinic to take my children to |

Name of parent/guardian (Printed)

Date

Signature of parent/guardian

Name of parent/guardian (Printed)

Date

Signature of parent/guardian