

McLaren Print System Order

Order No: 57880 Reprint Previous Order No: 21395
 Order Date: 2020-10-27
 User: Jessica Derkacz
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Ship Location: Family Medicine Fenton
 17200 Silver Pkwy.
 Fenton, MI 48430

Forms

Quantity: 100
 Paragon Dept No: 50022
 Dept Name: Family Medicine Fenton
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-341
 Item Description: Refusal to Consent to Vaccinate Child Adolescent
 Revision Date: 1/2019
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

Refusal to Consent to Child & Adolescent Vaccination: Birth through 18 years

This is a tool for provider practices to use for documentation in the patient's medical record. This is not an immunization waiver form. Contact your local health department for more information. Remember to document vaccine refusal in the Michigan Care Improvement Registry (MCIR).

Name of Child _____ Child's ID# and DOB _____

Name of Parent/Guardian: _____

My child's health care provider _____ has advised me that my child (named above) should receive the following vaccines:

Recommended Vaccine	Declined	Reason for Refusal
Diphtheria/Tetanus/Pertussis (DTaP)		
Diphtheria/Tetanus (DT or Td)		
Haemophilus influenzae type B (Hib)		
Hepatitis A, HepA		
Hepatitis B, HepB		
Human Papillomavirus (HPV)		
Influenza		
Mumps/Mumps/Rubella (MMR)		
Meningococcal Conjugate (MenACWY)		
Meningococcal (B, MenB)		
Pneumococcal Conjugate (PCV13)		
Pneumococcal Polysaccharide (PPSV23)		
Polio (IPV)		
Poliovirus (IPV)		
Tetanus/diphtheria/pertussis (Tdap)		
Varicella (chickenpox), Var		
Other		

I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Statement(s) explaining the vaccine(s) and the disease(s) they prevent. My child's health care provider has explained to me and I understand the following:

- The purpose of the recommended vaccine(s).
- The risks of disease and the benefits and potential risks of the recommended vaccine(s).
- The possible consequence(s) of not allowing my child to receive the recommended vaccine(s) may include contracting the illness the vaccine is intended to prevent and spreading the disease to others.
- My child's health care provider, the American Academy of Pediatrics, the American Academy of Family Physicians, the CDC, and the Michigan Department of Health and Human Services strongly recommend that the vaccine(s) be given.

My child's health care provider has answered all my questions.
 I know that I may change my mind and accept vaccination for my child in the future.
 I accept sole responsibility for any consequences that result from my child not being vaccinated.
 I acknowledge that I have read this document in its entirety and fully understand it.

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____