

IMMUNIZATION WAIVER

Vaccine-preventable diseases are still with us. In many cases, they cause disability or death. Immunizations are one of our most cost effective measures to protect children from harmful disease. An individual who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. A child may be subject to exclusion from the school or program, if the local and/or state public health authority advises exclusion as a disease control measure.

I object to receiving the following vaccines: _____, _____
(First & Last Name) (Birthdate)

- Diphtheria, Tetanus, acellular Pertussis (DTaP) vaccine
- Diphtheria, Tetanus, (DT or Td) vaccine
- Haemophilus influenzae* type B (Hib) vaccine
- Hepatitis A vaccine
- Hepatitis B vaccine
- Influenza
- HPV (male/female)
- Measles, Mumps, Rubella (MMR) vaccine
- Meningococcal vaccine
- Pneumococcal vaccine
- Polio
- Tdap
- Varicella (chickenpox) vaccine
- Zoster
- Other _____

My provider has explained to me and I understand the following:

- The **purpose** of the recommended vaccination
- The **risks and benefits** of the recommended vaccination
- A **possible consequence** of not allowing my child to receive the recommended vaccination is contracting the illness the vaccine is intended to prevent.
- My Provider, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention (CDC) have all strongly recommended that the vaccine(s) be given.

The health care provider has answered all of my questions.

Name: (PRINT) _____

Signature _____ Date: _____

Relationship (If other than Patient)

Witness: _____

Patient Name:

Date of Birth: