

Vaccination(s) Refusal Due to Personal Religious Beliefs

Child's Name _____ Parent/Guardian Name _____

Address _____

State _____ Zip _____ Phone _____

I have been advised my child or ward (named above) should receive the following vaccines but I am declining to have my child immunized. **Declined (Check all that apply)**

☐ Hepatitis B Vaccine	☐ Measles, Mumps, Rubella Vaccine (MMR)
☐ Diphtheria, Tetanus, acellular Pertussis Vaccine(DTaP)	☐ Varicella (chickenpox) Vaccine
☐ Diphtheria, Tetanus Vaccine (DT and Td)	☐ Influenza (flu) Vaccine
☐ Haemophilus influenzae type B (Hib)	☐ Meningococcal Vaccine
☐ Pneumococcal Conjugate Vaccine (PCV)	☐ Hepatitis A Vaccine
☐ Polio Vaccine (IPV)	☐ Other:

I have been given the opportunity to read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheet(s) (VIS) explaining the above vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's healthcare provider or the health department and to have my questions, if any, answered. By signing below, I acknowledge I understand the following:

- The purpose and the need for the recommended vaccine(s)
- The risk and benefits of the recommended vaccine(s)
- If my child does not receive the vaccine(s), I accept the consequences of my decision, which may include:
 - My child contracting the illness the vaccine should prevent
 - My child transmitting the disease to others
 - The need for my child to stay out of daycare or school during disease outbreaks

I have decided to decline (indicated above) the vaccine(s) recommended for my child (indicated above) because the vaccination(s) conflict with my personal religious beliefs. Further, I affirm the truth of this statement under the penalty of perjury.

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

Parent or Guardian Date

Witness Date

Notary Public

Date Commission Expires _____