

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Documenting Parental Refusal to Have Their Children Vaccinated

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Despite our best efforts to educate parents about the effectiveness of vaccines and the realistic chances of vaccine-associated adverse events, some will decline to have their children vaccinated. Within a 12-month period, 85% of pediatricians report encountering a parent who refused or delayed one or more vaccines and 54% report encountering a parent who refused all vaccines. Even though scientific data solidly support the fact that vaccines are safe and effective, concern over harmful side effects, often taken out of context in the media and on unmonitored and biased Web sites, cause substantial and often unrealistic fears.

All parents and patients should be informed about the risks and benefits of preventive and therapeutic procedures, including vaccination. In the case of vaccination, federal law mandates this discussion. Despite doctors' and nurses' best efforts to explain the importance of vaccines and to address parental concerns about vaccine safety, some families will refuse vaccination for their children. Others will ultimately accept some or all vaccinations after repeated discussions during which the provider has listened to the parents concerns and addressed them in a non-condescending manner. The use of this or a similar form demonstrates the importance you place on appropriate immunizations, focuses the parents' attention on the unnecessary risk for which they are accepting responsibility, and may in some instances induce a wavering parent to accept your recommendations.

Providing parents (or guardians) with an opportunity to ask questions about their concerns regarding recommended childhood immunizations, attempting to understand the parent's reason for refusing one or more vaccines, and maintaining a supportive relationship with the family are all part of a good risk management strategy. The American Academy of Pediatrics (AAP) encourages documentation of the healthcare provider's discussion with a parent about the serious risks of what could happen to their unimmunized or under-immunized child. Provide the parents the appropriate Vaccine Information Statement (VIS) for each vaccine and answer their questions. For parents who refuse one or more recommended immunizations, document your conversation, the provision of the VIS(s), and have the parent sign the vaccine refusal form and keep the form in the patient's medical record. Revisit the immunization discussion at each subsequent appointment and carefully document the discussion, including the benefits to each immunization and the risk of not being age-appropriately immunized. For unimmunized or partially immunized children, some physicians may want to flag the chart to be reminded to revisit the immunization discussion, as well as to alert the provider about missed immunizations when considering the evaluation of future illness, especially young children with fever of unknown origin.

This form may be used as a template for such documentation but should not be considered a legal document and should not substitute for legal advice from a qualified attorney.

This form may be duplicated **or changed** to suit your needs and your patients' needs.

The Section on Infectious Diseases and other contributing sections and committees hope this form will be helpful to you as you deal with parents who refuse immunizations. It will be available on the AAP Web site (www.aap.org/bookstore), the Section on Infectious Diseases Web site (<http://www.aap.org/sections/infectdis/index.cfm>), and the Web site for the Academy's Childhood Immunization Support Program (www.cispimmunize.org/).

Sincerely,

/s/
Meg Fisher, MD, FAAP
Chairperson
AAP Section on Infectious Diseases

/s/
Ed Rothstein, MD, FAAP
AAP Section on Infectious Diseases

Refusal to Vaccinate

Child's Name: _____ Child's ID # _____

Parent's/Guardian's Name: _____

My child's doctor/nurse, _____ has advised me that my child (named above) should receive the following vaccines:

Recommended

- Hepatitis B vaccine
- Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine
- Diphtheria tetanus (DT or Td) vaccine
- Haemophilus influenzae* type b (Hib) vaccine
- Pneumococcal conjugate or polysaccharide vaccine
- Inactivated poliovirus (IPV) vaccine
- Measles-mumps-rubella (MMR) vaccine.
- Varicella (chickenpox) vaccine
- Influenza (flu) vaccine
- Meningococcal conjugate or polysaccharide vaccine
- Hepatitis A vaccine
- Rotavirus vaccine
- Human papillomavirus vaccine
- Other

Declined

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I have read the Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents. I have had the opportunity to discuss this with my child's doctor or nurse, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- The **purpose** of and the need for the recommended vaccine(s)
- The **risks and benefits** of the recommended vaccine(s)
- If my child does not receive the vaccine(s) according to the medically accepted schedule, **the consequences** may include:
 - Contracting the illness the vaccine should 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
 - Requiring my child to stay out of child care or school during disease outbreaks
- My child's doctor or nurse, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all 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 above, 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 which my child might come into contact.

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

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

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

I have had the opportunity to rediscuss my decision not to vaccinate my child and still decline the recommended immunizations.

Parent's initials _____ Date _____ Parent's initials _____ Date _____

Parent's initials _____ Date _____ Parent's initials _____ Date _____

