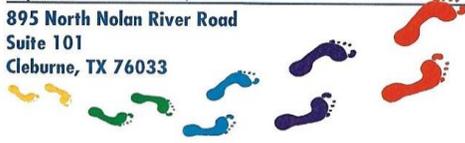


Ayman Arouse, M.D.

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FIRST STEP
PEDIATRIC ASSOCIATES, P.A.



Patient Name _____

DOB _____

Parent's/Guardian's Name _____

Phone No. _____

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

Recommended	Declined
• Hepatitis B	<input type="checkbox"/>
• Diphtheria, tetanus, pertussis (Dtap or Tdap)	<input type="checkbox"/>
• <i>Haemophilus influenzae</i> type B (Hib)	<input type="checkbox"/>
• Pneumococcal conjugate (PCV)	<input type="checkbox"/>
• Inactivated poliovirus (IPV)	<input type="checkbox"/>
• Measles-mumps-rubella (MMR)	<input type="checkbox"/>
• Varicella (chickenpox)	<input type="checkbox"/>
• Influenza (flu)	<input type="checkbox"/>
• Meningococcal A (MCV4)	<input type="checkbox"/>
• Hepatitis A	<input type="checkbox"/>
• Rotavirus	<input type="checkbox"/>
• Human papillomavirus (HPV)	<input type="checkbox"/>
• Serogroup B meningococcal (MEN B)	<input type="checkbox"/>

- 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, hearing loss, brain damage, paralysis, meningitis, seizures, loss of limbs, and death; 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 childcare 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, 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 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 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) 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 my questions about the recommended vaccine(s). I understand the following:

- The purpose of and the need for the recommended vaccine(s), as well as their risks and benefits (available on request).
- 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.

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 any time in the future.

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

A list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is also available at www.cdc.gov/vaccines/pubs/bisdefault.htm

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____