

DELAWARE MODERN PEDIATRICS, P. A.

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www.DMPKids.com

Refusal of Immunizations

Child's Name: _____ Date of Birth: _____

Parent's name: _____ Today's Date: _____

My child's doctor/nurse has recommended that the following vaccines (immunizations) be administered to my child today:

- Hepatitis B
- DTaP-IPV-HiB (Pentacel ®)
- DTaP-IPV-HepB (Pediatrix) ®)
- Pneumococcus
- Haemophilus influenzae* type b (Hib)
- Rotavirus
- Influenza (flu)
- Hepatitis A

- Measles-mumps-rubella (MMR)
- Varicella (chickenpox)
- Meningococcus
- Diphtheria, tetanus, acellular pertussis (DTaP or Tdap)
- Inactivated poliovirus (IPV)
- Human papillomavirus (HPV)
- Other _____

I understand that the purpose of this form is to declare my intent and understanding regarding immunization of my child, and to allow Dr. Epstein and the staff of Delaware Modern Pediatrics, P. A. to respect my choices for my child's medical care.

I have read and understand the [Vaccine Information Statement \(VIS\)](#) from the Centers for Disease Control and Prevention (CDC) explaining the vaccine(s) and the disease(s) it prevents. I have also read and understand this practice's handout, "[Immunizations are Safe and Effective.](#)" I have had the opportunity to discuss the risks and benefits of the recommended vaccines with my child's doctor or nurse, who has answered all of my questions. I understand the purpose of the recommended vaccine(s), and their medically accepted risks and benefits. I understand that administration of the recommended vaccines (according to [the schedule recommended by this practice](#), the CDC and the American Academy of Pediatrics (AAP)) is the "standard of care", and that my child's doctor or nurse, the American Academy of Pediatrics, and the CDC all strongly recommend that these vaccine(s) be given according to the recommended schedule.

I understand the medical opinion of my child's doctor/nurse that if my child does not receive the vaccine(s) according to the recommended schedule, the consequences may include:

- Contracting the illnesses, and suffering the consequences, that the vaccine is intended prevent.
- Transmitting the disease to other children and adults in contact with your child, which may unwittingly endanger their health.
- Requiring my child to stay out of child care or school during disease outbreaks.

Nevertheless, I have decided to decline or defer the recommended vaccine(s) marked above:

- Temporarily, until I arrange for vaccination in the near future.
- Indefinitely, until I change my mind about my decision to decline administration of these vaccines.

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

Parent/Guardian's name (printed)

Signature

Date