

Childhood Immunization Exception Documentation

Child's Name: _____ DOB: ____/____/____

Parent/Guardian Name(s): _____

Provider's Name: _____

Requirements:

1. Three separate conversations between provider and parent/guardian(s) explaining risks and benefits of vaccines and possible preventable consequences.
2. The signature and date for both the provider and the parent/guardian(s).
3. Parent/guardian(s) must list the reason(s) for refusing immunizations.

Vaccine	Disease	Preventable Consequences May Include:
DTaP	Diphtheria	Breathing problems, paralysis, heart failure, death
	Pertussis	Pneumonia, seizures, brain damage, death
	Tetanus	Respiratory failure, painful muscle tightening, inability to breathe, death
IPV	Polio	Paralysis, inability to breathe, death
Hep B	Hepatitis B	Liver damage, cancer, death
Hib	Haemophilus	Pneumonia, meningitis, death
MMR	Measles	Pneumonia, seizures, brain damage, death
	Mumps	Meningitis, deafness, swelling of testicles, sterility, death
	Rubella	Contracted during pregnancy, Rubella can lead to miscarriages and birth defects including deafness and/or blindness
Pneumococcal		Pneumonia, meningitis, blood infections, brain damage, deafness, death
Varicella	Chicken Pox	Skin infection, scars, brain damage, pneumonia, death

Provider:

I have had at least three conversations on separate occasions with this family about the risk to the child, the family, and the community if this child is not immunized. The parent/guardian(s) continue(s) to refuse to have this child immunized.

Provider signature _____ Date _____

Parent or guardian:

My provider has carefully advised me/us on at least three separate occasions of the risk to the child, the family, and to the community when this child is not immunized. Fully understanding these risks, I/we continue to refuse to have this child immunized for the following reason(s): _____

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____