Vaccine Recommendation and Parent Decision Form

Patient Name: _____	**DOB:** _____
Parent/Guardian Name: _____	**Date:**_____

Vaccines are recommended by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) to help protect children from serious, potentially life-threatening diseases. This form documents the parent/guardian's decision regarding those recommendation(s). Please ask your provider if you have any questions about vaccine benefits, risks, or the immunization schedule.

Parent/Guardian Decision

□ I **ACCEPT** the recommended vaccine(s) for my child

□ I **DECLINE** some or all recommended vaccine(s) for my child

□ I wish to **DELAY** some or all recommended vaccine(s) for my child

If Declining or Delaying Vaccines

If you choose to decline or delay any recommended vaccine(s), it is important to understand that your child may remain susceptible to vaccine-preventable diseases. Your provider is available to discuss your concerns and review the known benefits and risks of vaccination.

- I understand my child may be at increased risk for vaccine-preventable diseases
- I understand my unvaccinated child may transmit disease to others
- I understand the risks and benefits have been explained to me

Parent/Guardian Signature

I have received and reviewed the Vaccine Information Statements. My questions have been answered. I understand the risks and benefits.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Relationship to Patient: _____