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## Schoolhouse Pediatrics' Vaccine Policy Statement

Recently, our office has seen an increase in patients/parents choosing to defer or delay vaccinations. While our office policy remains that every child deserves a healthcare provider, regardless of their vaccination status, we would like to clarify our viewpoint on vaccination.

- We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives.
- We firmly believe in the safety of our vaccines.
- We firmly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and the American Academy of Pediatrics.
- We firmly believe, based on all available literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities.
  - Our office carries the cleanest vaccines available on the market, none of which contain thimerosal, a mercury-based preservative that was removed from most vaccines by 2001.
- We firmly believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as health care providers, and that you can perform as parents/caregivers. The recommended vaccines and their schedule given are the results of years and years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

These things being said, we recognize that there has always been and will likely always be controversy surrounding vaccination. The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that we are even discussing whether or not they should be given. As a result of vaccines, many of you have never seen a child with polio, tetanus, measles, whooping cough, bacterial meningitis, or even chickenpox, or know a friend or family member whose

child died from one of these diseases. Such success can make us complacent about vaccinating and create a false sense of security that these diseases don't pertain to our children in the current day and age.

Over the past several years, many people in Europe have chosen not to vaccinate their children with the MMR vaccine due to the publication of an unfounded suspicion (later retracted) that the vaccine caused autism. As a result of underimmunization, there have been small outbreaks of measles and several deaths from complications of measles in Europe over the past several years.

We are making you aware of these facts not to scare you or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be a very emotional one for some parents. We will do everything we can to counsel you on proper vaccinations and the current risk of disease in South-Central Texas.

In the event of any lengthy vaccine delays or deferrals, it is our policy that you will be required to sign a "Refusal to Vaccinate" acknowledgement. This is our way of documenting that we are respecting parents' wishes and not advocating non-vaccination. A copy of the "Refusal to Vaccinate" form has been attached to the last page of this document for your review.

All the providers at Schoolhouse Pediatrics have vaccinated their own children. As medical professionals, we feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults. Thank you for taking the time to read this policy, and please feel free to discuss any questions or concerns you may have about vaccines with any one of us. We are also happy to provide additional information, resources, or vaccine package inserts, upon request.

Sincerely,

The Staff at Schoolhouse Pediatrics

# 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  | Declined                 |
|--|--------------------------|
| <input type="checkbox"/> Hepatitis B vaccine   | <input type="checkbox"/> |
| <input type="checkbox"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine | <input type="checkbox"/> |
| <input type="checkbox"/> Diphtheria tetanus (DT or Td) vaccine                           | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Haemophilus influenzae</i> type b (Hib) vaccine              | <input type="checkbox"/> |
| <input type="checkbox"/> Pneumococcal conjugate or polysaccharide vaccine                | <input type="checkbox"/> |
| <input type="checkbox"/> Inactivated poliovirus (IPV) vaccine                            | <input type="checkbox"/> |
| <input type="checkbox"/> Measles-mumps-rubella (MMR) vaccine                             | <input type="checkbox"/> |
| <input type="checkbox"/> Varicella (chickenpox) vaccine                                  | <input type="checkbox"/> |
| <input type="checkbox"/> Influenza (flu) vaccine   | <input type="checkbox"/> |
| <input type="checkbox"/> Meningococcal conjugate or polysaccharide vaccine               | <input type="checkbox"/> |
| <input type="checkbox"/> Hepatitis A vaccine   | <input type="checkbox"/> |
| <input type="checkbox"/> Rotavirus vaccine   | <input type="checkbox"/> |
| <input type="checkbox"/> Human papillomavirus (HPV) vaccine                              | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> |

- 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.
- 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, 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 (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care 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 know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with whom my child might come into contact. I therefore 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 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.

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) and the disease(s) it prevents for each of 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 of my questions about the recommended vaccine(s). A list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is available at [www.cdc.gov/vaccines/pubs/vis/default.htm](http://www.cdc.gov/vaccines/pubs/vis/default.htm). I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).

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: \_\_\_\_\_

