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Vaccination Refusal

Patient Name _____ **Date of Birth** _____

For both personal and public health reasons, the vaccinations listed below are recommended by this physician's office, the State of New Hampshire and several health organizations including the Center for Disease Control and American Academy of Pediatrics. Vaccine Information Sheets provided by the State of New Hampshire are available regarding each vaccine.

I acknowledge that these vaccines have been offered by this office, the nature of the diseases, vaccine benefits as well as complications, as summarized in the Vaccine Information Sheets, have been explained to my satisfaction. By signing next to a vaccine, I am refusing that vaccination for myself or my child. By refusing the vaccine, I also take responsibility for complications that may result from lack of immunity.

My signature confirms that I am refusing the following vaccine(s) for myself or my child (as named above):

Vaccine Refused	Signature of Patient / Parent	Date Signed
DTaP/Tdap/Td (Diphtheria/tetanus/acellular pertussis)	_____	_____
HIB (Haemophilus influenza, type B)	_____	_____
Hep A (Hepatitis A)	_____	_____
Hep B (Hepatitis B)	_____	_____
Influenza	_____	_____
IPV (Inactivated polio vaccine)	_____	_____
MMR (Measles/mumps/rubella)	_____	_____
Meningococcal	_____	_____
Pneumococcal (Streptococcal pneumonia)	_____	_____
Rotovirus	_____	_____
Varicella (Chickenpox)	_____	_____
HPV (Human Papilloma Virus)	_____	_____

I also recognize that I may reconsider this refusal; the vaccination(s) may be updated in the future at my request. The Medical Records Immunization Chart lists vaccines given to the above patient, requiring an authorized signature for each vaccine to be given. By completing the signature line on the Medical Record Immunization Chart, I may accept the vaccination as stated on that form, and retract my prior refusal.