

Vaccination refusal statement

Name of child:

Child's personal identification code:

My child's family physician has recommended the following vaccines for my child (name above):

Recommended

I refuse

<input type="radio"/> Hepatitis B vaccine	<input type="radio"/> Hepatitis B vaccine
<input type="radio"/> Diphtheria, tetanus, pertussis (DTaP or Tdap) vaccine	<input type="radio"/> Diphtheria, tetanus, pertussis (DTaP or Tdap) vaccine
<input type="radio"/> <i>Haemophilus influenzae type b (Hib) vaccine</i>	<input type="radio"/> <i>Haemophilus influenzae type b (Hib) vaccine</i>
<input type="radio"/> Tuberculosis vaccine	<input type="radio"/> Tuberculosis vaccine
<input type="radio"/> Inactivated poliomyelitis (IPV) vaccine	<input type="radio"/> Inactivated poliomyelitis (IPV) vaccine
<input type="radio"/> Measles, mumps and rubella (MMR) vaccine	<input type="radio"/> Measles, mumps and rubella (MMR) vaccine
<input type="radio"/> Rotavirus vaccine	<input type="radio"/> Rotavirus vaccine
<input type="radio"/> HPV vaccine	<input type="radio"/> HPV vaccine

I have had the opportunity to discuss vaccination with my child's family physician, family nurse or the school health care professional who has answered any questions I had about the vaccines.

I confirm the following:

- the health care professional recommended the administration of vaccines in accordance with the Estonian immunisation schedule, and I understand the purpose, need, risks and benefits of vaccines
- if my child is not vaccinated in accordance with the national immunisation schedule, potential consequences include:
 - contracting the (severe form of the) diseases prevented by the recommended vaccines. Complications of these diseases may include: various types of cancer, pneumonia, side effects requiring hospitalisation, death, brain damage, paralysis, meningitis, seizures and hearing loss
 - transmission of diseases to other people, meaning that not vaccinating my child might put other people at risk in addition to the child
 - having to take my child out of school or nursery school during outbreaks
- if my child falls ill with any disease, I must always inform a health care professional that my child has not been vaccinated in accordance with the national immunisation schedule

Considering all the above, I have nevertheless decided to refuse the recommended vaccines for my child at this time. I am also aware that I can contact my child's health care professional at any time and opt for vaccination.

I confirm that I have read this entire document and understand it.

Name of parent/guardian: _____

Date: _____

Signature of parent/guardian: _____

Witness:

Date: _____

I have had the opportunity to discuss my decision not to vaccinate my child and have decided to opt out of the recommended vaccines.

Signature of parent _____ Date _