

## Refusal to Vaccinate

Child's Name: \_\_\_\_\_ Child's ID # \_\_\_\_\_

Parent's/Guardian's Name(s): \_\_\_\_\_

I acknowledge that my child's medical care provider, has recommended that my child (named \_\_\_\_\_ above) receive the following vaccines: \_\_\_\_\_  
Medical Care Provider

### Recommended

- Hepatitis B vaccine
- Diphtheria, Tetanus, acellular Pertussis (DTaP) vaccine
- Diphtheria Tetanus (DT or dT) vaccine
- Haemophilus influenzae* type b (Hib) vaccine
- Pneumococcal conjugate vaccine
- Polio vaccine (IPV)
- Measles, mumps, rubella (MMR) vaccine
- Varicella (chickenpox) vaccine
- Influenza (flu) vaccine
- Meningococcal vaccine
- Hepatitis A vaccine
- Other#1 \_\_\_\_\_
- Other#2 \_\_\_\_\_

### Declined

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I have studied both sides of this very controversial subject (vaccination) and have become aware of many facts including the following:

One or more aspects of vaccination (I.E. Blood polluting ingredients, cruelty to animals, cells originating from aborted fetal cells, etc.) are in violation of one or more doctrines of at least five (5) of the world's major religions. (Christian, Judaism, Islam, Buddhist and Hindu.)

It is an uncontested scientific fact that a **minimum of 90%** of today's public health achievements originated in the improvements in sanitation, nutrition, hygiene and insect control which preceded both specific vaccinations and antibiotics.

No adequate scientific study has ever proved that vaccines give a net benefit to the recipients. For certain diseases it is beyond controversy that UNVACCINATED children have a considerable advantage over their vaccinated counterparts.

Many factors have been considered in reaching the decision that my child's best interest will be served by refusing the vaccine(s) that are checked above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness/ or Notary \_\_\_\_\_ Date \_\_\_\_\_