

**California Institute of Technology  
Archibald Young Student Health Center**

**REFUSAL TO VACCINATE FORM**

Student: \_\_\_\_\_

Parent/Guardian (if student under 18): \_\_\_\_\_

I understand that the Caltech Health Center requires the following immunizations as part of its health requirements for all students: Measles, mumps, rubella; Td/Tdap; Hepatitis A; Hepatitis B; and Meningococcal vaccine.

I have read the Center for Disease Control and Prevention's (CDC) [www.cdc.gov](http://www.cdc.gov) Vaccine Information Statement(s) explaining the vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss this with my/my child's health care provider, who has answered all of my questions regarding the vaccine(s). I understand the following:

- The purpose of and the need for the vaccine(s)
- The risks and benefits of the vaccine(s)
- If I/my child do/does not receive the recommended vaccine(s), the consequences may include: contracting the illness the vaccine should prevent, transmitting the disease to others, the need for myself/my child to stay out of school during disease outbreaks.
- The American Academy of Pediatrics, the American Academy of Family Physicians, and the Center for Disease Prevention and Control have all strongly recommended that the vaccine(s) be given

I know that failure to follow the recommendations about vaccination may endanger my/or my child's health or life and others that I/my child might come in contact with.

I know that I may re-address this issue with my/my child's health care provider at any time and that I may change my mind and accept vaccination for myself/my child anytime in the future.

Nevertheless, I have decided to decline the vaccine(s) recommended for myself/my child as indicated below by checking the appropriate box under the column titled "declined"

	Declined
Measles, mumps, rubella	<input type="checkbox"/>
Td/Tdap	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>
Meningococcal vaccine	<input type="checkbox"/>

My reason(s) for declining vaccination: \_\_\_\_\_

I acknowledge that I have read this document in its entirety and fully understand it.

Student \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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