The Importance of Immunizing Children

The Physicians of Carson Medical Group 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. We firmly believe that thimerosal, a preservative that has been in vaccines for decades and remains in some vaccines, does not cause autism or other developmental disabilities.

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. Indeed, Benjamin Franklin, persuaded by his brother, was opposed to smallpox vaccine until scientific data convinced him otherwise. Tragically, he had delayed inoculating his favorite son Franky, who contracted smallpox and died at the age of 4, leaving Ben with a lifetime of guilt and remorse. Quoting Mr. Franklin’s autobiography:

In 1736, I lost one of my sons, a fine boy of four years old, by the smallpox...I long regretted bitterly, and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it, my example showing that the regret may be the same either way, and that, therefore, the safer should be chosen.

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. Because of vaccines, many of you have never seen a child with polio, tetanus, whooping cough, bacterial meningitis or even chickenpox, or known a friend or family member whose child died of one of these diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude, if it becomes widespread, can only lead to tragic results.

Over the past several years, many people in Europe have chosen not to vaccinate their children with the MMR vaccine after publication of an unfounded suspicion (later retracted) that the vaccine caused autism. As a result of under-immunization, 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 convince you that vaccinating according to the schedule is the right thing to do. However, should you have doubts, please advise our office so that we can make the opportunity to discuss these with you. In some cases, we may alter your scheduled time to accommodate parental concerns or reservations. Please be advised, however, that delaying (beyond the first six months of age) or “breaking up the vaccines” (beyond more than six months from recommended vaccination) to give one or two at a time over two or more visits goes against expert recommendations, and can put your child at risk for serious illness (or even death) and goes against the medical advice of all of us here at Carson Medical Group. Furthermore, please realize that you will be required to sign a “Refusal to Vaccinate” acknowledgement in the event of lengthy delays.

Finally, if you should absolutely refuse to vaccinate your child despite all our efforts, please be advised that at some point when we have determined that you will not allow for vaccination, we may request that you find another health care provider who shares your views. Please recognize that childhood vaccination is a fundamental component of good health and community safety – by not vaccinating you are putting your child at unnecessary risk for life-threatening illness and disability, and even death.

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 your time in reading this policy, and please feel free to discuss any questions or concerns you may have about vaccines with any one of us.

Sincerely,

Physicians and Nurse Practitioners of Carson Medical Group
Refusal to Vaccinate

Child’s Name ________________________________ Child’s Date of Birth ________________________________

Parent's/Guardian's Name ________________________________________________________________

My child’s doctor/nurse, ________________________________________________________________

Has advised me that my child (named above) should receive the following vaccines:

**Recommended**
- ☐ Hepatitis B vaccine
- ☐ Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine
- ☐ Diphtheria tetanus (DT or Td) vaccine
- ☐ *Haemophilus influenzae* type b (Hib) vaccine
- ☐ Pneumococcal conjugate or polysaccharide vaccine
- ☐ Inactivated poliovirus (IPV) vaccine
- ☐ Measles-mumps-rubella (MMR) vaccine
- ☐ Varicella (chickenpox) vaccine
- ☐ Influenza (flu) vaccine
- ☐ Meningococcal conjugate or polysaccharide vaccine
- ☐ Hepatitis A vaccine
- ☐ Rotavirus vaccine
- ☐ Human papillomavirus vaccine
- ☐ Other:

**Declined**

☐

I have read the Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents. I have had the opportunity to discuss this with my child’s doctor or nurse, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- **The purpose** of and the need for the recommended vaccine(s)
- **The risks and benefits** of the recommended vaccine(s)
- If my child does not receive the vaccine(s) according to the medically accepted schedule, the consequences may include:
  - Contracting the illness the vaccine should 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
  - Requiring my child to stay out of child care or school during disease outbreaks
- My child’s doctor or nurse, 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 which my child might come into contact.

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 anytime in the future.

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

Parent/Guardian Signature ___________________________________________ Date __________________

Witness Signature ___________________________________________ Date __________________

I have had the opportunity to re-discuss my decision not to vaccinate my child and still decline the recommended immunizations.

Parent’s initials _______ Date Parent’s initials Date _______

Parent’s initials _______ Date Parent’s initials Date _______

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[Contact Information for Family Practice, Ear, Nose & Throat, OB/GYN, Pediatrics – Carson, OB/GYN & Pediatrics – Minden]