

## Refusal to Consent to Vaccination

### Bay County Juvenile Home

The Bay County Juvenile Home as a Child Caring Institution is required to offer immunizations to youth every 30 days. The Bay County Health Department will provide immunizations to the youth at the Bay County Juvenile Home every first Thursday of the month unless scheduled otherwise. BCJH staff shall use this document when a parent or youth refuses any recommended vaccine. Place this completed form in the youth's file and provide to the Health Department Nurse who presents for the immunization clinic.

Youth's Name: \_\_\_\_\_ Youth's DOB: \_\_\_\_\_

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

The Bay County Juvenile Home and/or The Bay County Health Department have advised me that my child (named above) should receive the following vaccines:

Recommended	Vaccine	Declined	Reason for Refusal
	Diphtheria, tetanus, acellular pertussis (DTaP)		
	Diphtheria, tetanus (DT or Td)		
	<i>Haemophilus influenzae</i> type B (Hib)		
	Hepatitis A (Hep A)		
	Hepatitis B (Hep B)		
	Human papillomavirus (HPV)		
	Influenza		
	Measles, mumps, rubella (MMR)		
	Meningococcal (MCV or MPSV)		
	Pneumococcal vaccine (PCV or PPSV)		
	Polio (IPV)		
	Rotavirus (RV)		
	Tetanus, diphtheria, acellular pertussis (Tdap)		
	Varicella (chickenpox) (Var)		
	Other: _____		
	COVID 19		

I have read the Centers for Disease Control and Prevention's Vaccine Information Statement(s) explaining the vaccine(s) and the disease(s) they prevent. I understand the following:

- The **purpose** of the recommended vaccination
- The **risks and benefits** of the recommended vaccination
- **Possible consequence(s)** of not allowing my child to receive the recommended vaccination may include contracting the illness the vaccine is intended to prevent and transmitting the disease to others
- The Bay County Health Department, the American Academy of Pediatrics, the American Academy of Family Physicians, the Centers for Disease Control and Prevention, and the Michigan Department of Health and Human Services **strongly recommend** that the vaccine(s) be given.

I may contact the The Bay County Health Department Immunization Clinic (989)895-4009 option #2 with any questions

I know that I may change my mind and accept vaccination for my child in the future.

I accept sole responsibility for any consequences as a result of my child not being vaccinated.

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

\_\_\_\_\_  
Parent/Guardian 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/Time \_\_\_\_\_ Parent's initials \_\_\_\_\_ Date/Time \_\_\_\_\_

Parent's initials \_\_\_\_\_ Date/Time \_\_\_\_\_ Parent's initials \_\_\_\_\_ Date/Time \_\_\_\_\_

Please note that this document is not a waiver form. A waiver form is a document that can be signed when you are exempting from vaccines that are required for school and childcare. Please see [www.michigan.gov/immunize](http://www.michigan.gov/immunize) for more information on waiver