

Department of Student Health Services
350 Spelman Lane, Box 1683
Atlanta, GA 30314
(404) 270-5249

Refusal to Vaccinate

Student's Name: _____ Student SCID#: _____

Parent's/Guardian's Name (s): _____

Spelman College requires that all students entering have the following immunizations:

Required Immunizations	Declined
• Tetanus-Diphtheria vaccine	_____
• Measles, Mumps, Rubella (MMR) vaccine x 2	_____
• Hepatitis B vaccine x 2	_____
• Varicella vaccine (if no previous history of disease) x 2	_____
• Meningococcal (MenACWY, MenB vaccine)	_____
• Covid 19 vaccine	_____
• Other _____	_____

I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Statement(s) explaining the vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's health care provider, who has answered all of my questions regarding the required 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), the consequences may include:
 - Contracting the illness the vaccine should prevent
 - Transmitting the disease to others
 - The need for my child to stay out of daycare or school during disease outbreaks

My healthcare provider, the American Academy of Pediatrics, the American Academy of Family Physicians and the Center's for Disease Control and Prevention have all strongly recommended that the vaccine(s) be given. Nevertheless, I have decided to decline 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 requirements and recommendations about vaccination may endanger the health or life of my child and others that my child might come in contact with.

I know that I may re-address this issue with my health care provider 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: _____

Notarized by: _____

Date: _____

Notary Seal: