

Documenting Vaccine Refusals in ASIIS



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

- If parent refuses vaccine, complete Refusal to Vaccinate Form, have parent sign.
- Search/Select patient
- Patient Demographic screen appears
- Select **“Vaccinations, “View/Add”**, scroll to bottom, then select **“Special Considerations”**

Refusal to Vaccinate

Child's Name _____ Child's DOB _____
 Parent/Guardian's Name _____

My child's doctor/parent, has advised me that my child (named above) should receive the following vaccines:

Recommended	Declined
<input type="checkbox"/> Hepatitis B vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria tetanus (DT or Td) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Acetylated aluminum type 1 (A&E) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Pneumococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Inactivated poliovirus (IPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Measles-mumps-rubella (MM) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Varicella (chickenpox) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Influenza (flu) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Meningococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis A vaccine	<input type="checkbox"/>
<input type="checkbox"/> Rotavirus vaccine	<input type="checkbox"/>
<input type="checkbox"/> Human papillomavirus (HPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>

That some vaccine-preventable diseases are common in other countries and that my vaccinated child could easily get one of these diseases while traveling or there is a medical emergency.

If my child does not receive the vaccine(s) according to the medically accepted schedule, the consequences may include:

- Contracting the illness the vaccine is designed to 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 (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school and requiring measures to stop those with my child during disease outbreaks.

My child's doctor and 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 whom my child might come into contact. I therefore agree to tell all health care professionals in all settings what vaccine(s) my child has not received because he or she may need to be isolated or may require immediate medical evaluation and tests that might not be necessary if my child had been vaccinated.

I know that I may readdress this issue with my child's doctor or mine at any time and that I may change my mind and accept vaccination for my child any time in the future.

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


I have been provided with and given the opportunity to read each Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents for each of the vaccine(s) checked as recommended and which I have declined, as indicated above. I have had the opportunity to discuss the recommendations and my refusal with my child's doctor or nurse, who has answered all of my questions about the recommended vaccine(s). A list of names for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is available at www.cdc.gov/vaccines/pubs/infodisclaimer.html, translated for the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).

Parent/Guardian Signature _____ Date: _____
 Witness _____ Date: _____

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

Parent's Initials _____ Date: _____ Parent's Initials _____ Date: _____

American Academy of Pediatrics
 DEDICATED TO THE HEALTH OF ALL CHILDREN 

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<ul style="list-style-type: none"> ▶ Main ▶ Message ▶ Favorites ▶ Patient ▶ Vaccinations View/Add Forecast Summary ▶ Organization (IRMS) 	Patient			
	Name:	Jane Doe	SIIS Patient ID:	
	Date of Birth:	05/05/2001	Age:	16 yrs
	Guardian:		Status:	Inactive
	Print Page			
	Vaccination View/Add			
	<input type="checkbox"/> Do not take ownership when adding vaccinations.			
	Add Administered		Clear	
	<ul style="list-style-type: none"> • If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary . 			
	Add Chickenpox History		Special Considerations	
Add Historicals				
Deferrals				

Contraindication
 Exemption
 Precautions

Patient			
Name:	Jane Doe	SIIS Patient ID:	9999999
Date of Birth:	05/05/2001	Age:	
Guardian:		Status:	Inactive
Contraindications			
Exemptions			
Precautions			
Add Special Consideration			
Facility Where Documented:	--select--		
<input type="radio"/> Contraindication <input checked="" type="radio"/> Exemption <input type="radio"/> Precautions			
Vaccine:	HPV9		
Exemption:	Parent or Patient Refusal: Personal		
Permanent:	<input type="checkbox"/>		
Additional Disease Information			
<input type="checkbox"/>	Month/Year:		
<input type="checkbox"/>	Age:		
		Back	Save



- DTaP
- DTaP, 5 pertussis antigens
- DTaP,IPV,Hib,HepB
- DTaP, unspecified
- DTaP-Hep B-IPV
- DTaP-Hib
- DTaP-Hib-IPV
- DTaP-IPV

- Parent or Patient Refusal: Personal
- Parent or Patient Refusal: Religious




- **Special Consideration screen appears**
- **Select “Exemption”**
- **Select “Vaccine” being refused** (see hint below)
- **Select “Exemption” and reason parent is refusing vaccine**
- **Click “Save”**



Instead of scrolling for a vaccine, press the key with the first letter of the vaccine you are searching. The list will automatically scroll down to that section.

Patient			
Name:	Jane Doe	SIIS Patient ID:	9999999
Date of Birth:	05/05/2001	Age:	
Guardian:		Status:	Inactive
Vaccination Summary			
Invalid Vaccinations			
Invalid Vaccinations		Date	Reason
Vaccine Deferrals			
Vaccine	Dose	Date	
Vaccine Contraindications / Exemptions / Precautions			
 Contraindications			
 Exemptions			
Vaccine	Special Consideration	Permanent	Disease Date
HPV, quadrivalent	Parent or Patient Refusal: Personal		
			Delete

- Refused Vaccines will be listed under **“Exemptions”**, highlighted in **RED**, Type of vaccine and reason for refusal (see above).
- This is what providers see if the patient is under their IRMS number
- Providers that do not have ownership of a patient will see the **“Exemption”** in ASIS listed below. It will show the vaccine being refused but not the reasoning

Vaccine Contraindications / Exemptions / Precautions			
 Contraindications			
 Exemptions			
Vaccine	Special Consideration	Permanent	Disease Date
HPV, quadrivalent	A special consideration has been reported for this vaccine. Please contact Organization (IRMS):NAVAJO COUNTY - SHOW LOW for more information.		
 Precautions			

Questions?

Contact the Arizona Immunization Program Office at 602-364-3630 and ask to speak with an assessment specialist, or contact your assessment specialist directly.



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