

Vaccine Responsibility Form

To Whom It May Concern:

Doctor/Nurse/Nurse Practitioner/Medical Assistant/Physician's Assistant,

You are about to vaccinate my child, _____
on this day _____ at this time _____
in your office located at _____

You state and certify that you are intimately familiar with Figure 3 (*vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications*) of the 2017 CDC vaccination schedule found at <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-combined-schedule-bw.pdf>

Accordingly, prior to this injection/administration, please confirm you have evaluated my child's immune status and certify that they do not fall under the Figure 3 description as found in the most recent CDC vaccination schedule (initial here) _____

Please provide the ***folded package insert*** for healthcare professionals provided with the vaccine vial that documents the safety and efficacy of this vaccine, along with the medical contraindications and potential adverse reactions to us, the child's parents/caregivers. We wish to carefully review this document prior to the administration of this vaccine. As the persons ultimately responsible for the health and wellness of our child, we wish to weigh the risk vs. benefit of this requirement for entrance into public school and make an educated decision. If we deem that the risks outweigh the benefits we will be seeking your counsel as to what vaccination exemptions our state allows, if any (i.e. religious exemption & philosophical exemption). If no exemptions are available/obtained we recognize that our only course of action is to either home-school our child or move to a state where an exemption for vaccination is permissible.

We are aware that "The **National Childhood Vaccine Injury Act** (NCVIA) of 1986 (42 U.S.C. §§ 300aa-1 to 300aa-34) was signed into law by President Ronald Reagan as part of a larger health bill on Nov 14, 1986, in the United States, to reduce the potential financial liability of **vaccine** makers due to **vaccine injury** claims". https://en.wikipedia.org/wiki/National_Childhood_Vaccine_Injury_Act. This act of congress places the responsibility of our decision to vaccinate or not vaccinate squarely upon your shoulders as a healthcare provider and my decision as a parent/caregiver. We understand that due to this act, the vaccine manufacturer has been completely released from liability by the United States Government.

Therefore, prior to this/these injections please sign and date this document attesting to the fact that as the person administering this vaccine into my child's body you will assume responsibility for any side effects/adverse events/repercussions/frank injuries on the health of my child from today forward until the day he/she expires.

Date: _____

Signed: _____

Print: _____

Degree/License#: _____

*This form was created by a concerned mother of vaccine injured children. Please consult your own attorney to discuss your rights as a parent concerning vaccination.