

**MANSOOR PEDIATRICS**

**\*\*\*\* Please complete the following information if you do not have a copy of your child's shot record with you. If you have the shot record, please give it to the receptionist to copy and place in the chart.**

**I, \_\_\_\_\_,**

**Parent/Guardian of \_\_\_\_\_**

**Refuse Immunization offered at this time**

**Refuse to start the immunization series**

**Refuse \_\_\_\_\_ immunization**

**Do not have my child's shot record at this time**

**I make this refusal because:**

**Previous reaction to immunization**

**Child is up to date on Immunizations**

**Other (Please explain):**

\_\_\_\_\_  
**I have been counseled by a staff member on the need for the current immunizations for school attendance and the health risk posed to my child through inadequate immunization status. I understand these facts as they are presented to me.**

\_\_\_\_\_  
**Parent/Guardian**

**Date**

\_\_\_\_\_  
**Witness**