

Annual Human Papillomavirus (HPV) Vaccination Opt-Out Certificate

Instructions for completing HPV Vaccination Opt-Out Certificate (Return Completed Certificate to school, keep copy of information sheet for your reference)

Section 1: Before signing, read the information sheet on HPV and the HPV Vaccine.

Section 2: Parent/guardian or student (if 18 years of age or older) sign and date after reading the HPV Information Statement.

Section 2 Student Information

School Name:

Student Name:

Date of Birth:

Grade:

Street Address:

City:

Zip Code:

Phone:

Name and Address of Health Care Provider:

City:

Zip Code:

Phone:

My child's health care provider recommended the HPV vaccine. Yes No

Annual Opt-Out for Human Papillomavirus (HPV) Vaccine

I have received and reviewed the benefits of the HPV vaccine in preventing cervical cancer and genital warts if it is given to preteen girls and boys. After reviewing the information about the risk of contracting HPV and the link between HPV and cervical cancer, other cancers and genital warts, I have decided to opt-out of the HPV requirement for the above named student. I know that I may revisit this decision at any time during the recommended vaccination window and complete the required vaccinations.

Signature of Parent/Guardian or Student if 18 years or older

Date

Print Name of Parent/Guardian or Student if 18 years or older