

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health



Information about Human Papillomavirus and Vaccination and Vaccine Refusal Form for Students at District of Columbia Public, Charter, Private and Parochial Schools			
Instructions for completing HPV Vaccine Refusal Certificate Section 1: Enter student information Section 2: Have parent/guardian or student (if > 18 years of age) initial, sign and date after reading Vaccine Information Statement (s)			
Name of School			
Section 1: Student Information			
Student Name:		Date of Birth:	Grade:
Street Address:	City:	Zip Code:	Phone:
Name and Address of Healthcare Provider:	City:	Zip Code:	Phone:

Recent legislation passed in 2007 by the District of Columbia City Council (DC Bill 17-30) requires all female students, enrolling in grade 6 for the first time at a school in the District of Columbia, to submit certification the student has:

1. Received the Human Papillomavirus (HPV) vaccine; or
2. Not received the HPV vaccine because:
 - a. The parent or guardian has objected in good faith and in writing to the chief official of the school that the vaccination would violate his or her religious beliefs;
 - b. The student's physician, his or her representative or the public health authorities has provided the school written certification that the vaccination is medically inadvisable; or
 - c. The parent or legal guardian, in his or her discretion, has elected to opt out of the HPV vaccination program by signing a declaration that the parent or legal guardian has been informed of the HPV vaccination requirement and has elected not to participate.

Human Papillomavirus (HPV) Vaccine Refusal

I have received and reviewed the information provided on the human papillomavirus and the benefits of the HPV vaccine in preventing cervical cancer and genital warts if it is given to preteen girls. After being informed of the risk of contracting HPV and the link between HPV and cervical cancer, I have decided to not to receive the HPV vaccine for the above named student. I know that I may re-address this issue at any time and complete the required vaccinations.

Signature of Parent/Guardian or Student if >18 years

Date

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