Declination to Vaccinate

**Tdap Vaccine**

- I understand that Tdap vaccine is recommended at 27-36 weeks of pregnancy to protect my baby from whooping cough in the newborn period.
- Despite the recommendation, I am choosing to decline Tdap vaccination.
- I understand that I can change my mind at any time and receive the Tdap vaccination.

Printed Name: __________________________ Date: ________________________

Signature: ________________________________

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**Influenza Vaccine**

- I understand pregnant women have a higher risk for serious complications from influenza than non-pregnant women.
- I have been informed influenza vaccine will protect pregnant women, their unborn babies, and protect the baby after birth against influenza.
- I am choosing to decline influenza vaccination.
- I understand that I can change my mind at any time and receive the influenza vaccine.

Printed Name: __________________________ Date: ________________________

Signature: ________________________________