



## A MESSAGE TO ALL PRINCE GEORGES PARENTS FROM THE DOCTORS OF AAPS:

The Association of American Physicians and Surgeons believes that you and your child have a right to informed consent and to refuse medical treatment even if a doctor recommends it.

According to the Association of American Physicians and Surgeons statement of Patients' Freedoms adopted in 1990,

*"Patients have the freedom ... to refuse medical treatment even if it is recommended by their physician and to be informed about their medical condition, the risks and benefits of treatment, and appropriate alternatives."*

Immunizations can and do save lives. But not every vaccine is right for every child, and we certainly don't believe that school districts should be making the medical decisions for your children.

We hope that this information will help you make the right decision for your family.

### **IF YOU CHOOSE TO VACCINATE YOUR CHILD**

1. **You have a right to informed consent** about the vaccines he will receive, the potential adverse reactions, and reasons why your child should or should not receive that specific vaccine.
2. We suggest you use the "**8 Questions to Ask**" developed by the National Vaccine Information Center. Today may not be right day to do it, particularly if your child has a cold or other illness.
3. The state's attorney, the vaccine manufacturer, and the people giving the shots are **immune from liability if your child is harmed**.
4. **Adverse reactions should be reported** to the national Vaccine Adverse Event Reporting System. This is key so that the safety of vaccines can be accurately analyzed.

### **IF YOU CHOOSE NOT TO VACCINATE TODAY**

1. You have a right to claim an exemption from the vaccine requirements. There are two ways: either because it would be **medically inadvisable**, or because you have a **religious objection**.
2. If you want to file for an exemption, Maryland law requires you to fill out the **state "Immunization Certificate."** But instead of filling out the information about the vaccines, you will fill out the section where you claim the exemption. It is located about two-thirds down on the front page of the form. (*excerpt of form on back of this page*)
3. If you think it is medically inadvisable, you will need a licensed physician or other medical officer to sign off. If you claim the religious exemption, all that is needed is your signature.
4. Unlike a number of other states, **Maryland does not allow a broader "philosophical" exemption** that would allow you ask for exemption from some vaccines.
5. If you have concerns about claiming a religious exemption, you must weigh that decision against what you think is the best choice for your child. The state cannot ask you to identify your specific religion.
6. **If you think you need legal help, please contact us.** We have attorneys who have volunteered to help. Call (800) 635-1196 or email at [AAPS@AAPSONline.org](mailto:AAPS@AAPSONline.org).

IF YOU DISAGREE WITH THE TACTICS USED BY PG COUNTY,  
PLEASE SIGN ON TO OUR LETTER TO GOV. O'MALLEY.  
WE ARE ALSO WORKING TO PASS A PHILOSOPHICAL EXEMPTION  
Sign the letter to the Governor at: [www.AAPSONline.org](http://www.AAPSONline.org)

# RESOURCES

## National Vaccine Information Center "8 Questions to Ask Before Vaccinating Your Child"

The National Vaccine Information Center (NVIC) is a national, non-profit organization dedicated to preventing vaccine injuries and deaths through public education and defending the right to informed consent to vaccination.

**Web:** [www.909shot.com](http://www.909shot.com)  
**Phone:** 703-938-0342  
**Fax:** 703-938-5768  
**Email:** [NVIC.info@gmail.com](mailto:NVIC.info@gmail.com)

1. Is my child sick right now?
  2. Has my child had a bad reaction to a vaccination before?
  3. Does my child have a personal or family history of:  
vaccine reactions,  
convulsions  
neurological disorders  
severe allergies  
immune system disorders ?
  4. Do I know if my child is at high risk of reacting?
  5. Do I know how to identify a vaccine reaction?
  6. Do I know how to report a vaccine reaction?
  7. Do I know the vaccine manufacturer's name and lot number?
  8. Do I know I have a choice?
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### **Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

#### **Subtitle 06 DISEASES**

#### **Chapter 04 School Health Services and Required Immunizations Before Entry into School Authority: Education Article, §7-403, Annotated Code of Maryland**

##### **.04 Medical Contraindications.**

A. The requirements of Regulation .03 of this chapter do not apply to a student who presents a licensed physician's or health officer's written statement that the student's immunization against a disease in Regulation.03 of this chapter is medically contraindicated.

##### **.05 Religious Exemption.**

A. Using the form provided by the Department of Health and Mental Hygiene, a student whose parent or guardian objects to immunization on the ground that the immunization conflicts with the parent's or guardian's bona fide religious beliefs and practices is exempt from the requirement to present a physician's certificate of immunization in order that the student be admitted to school.

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### **MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE**

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

#### **MEDICAL CONTRAINDICATION:**

The above child has a valid medical contraindication to being immunized at this time.

This is a  permanent condition  temporary condition until \_\_\_\_/\_\_\_\_/\_\_\_\_

Check appropriate box, indicate vaccine(s) and reasons:

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Physician or Health Officer

#### **RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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### **VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS)**

**Email:** [info@vaers.hhs.gov](mailto:info@vaers.hhs.gov)  
**Phone:** 1-800-822-7967  
**FAX:** 1-877-721-0366  
**Web:** <http://vaers.hhs.gov>

You should use a VAERS report form to report any adverse event. You can obtain pre-addressed postage paid report forms by calling VAERS. You may use photocopies of the form to submit reports. You may also download printable copies of the VAERS form as well as other information about the VAERS Program from the VAERS web site.