I would like to learn more about this vaccine or illness:

_____
_____
_____
_____

I am choosing to immunize for these conditions:

_____
_____
_____
_____

These are the reasons I feel about this:

_____
_____
_____
_____

I am choosing to not immunize for these conditions:

_____
_____
_____
_____

These are the reasons I feel I about this:

_____
_____
_____
_____

This is my plan for when my child gets sick (immunized or not):

_____
_____
_____
_____

I need additional support for:

_____
_____
_____
_____