

Refusal to Consent to Vaccination (Adult)

This is a tool for office practices to use for documentation in the patient's medical record. This is not a waiver form. Contact your local health department for more information. Remember to document vaccine refusal in the Michigan Care Improvement Registry.

Name: _____ ID# _____

My health care provider, _____, has advised me that I should receive the following vaccines:

Recommended	Vaccine	Declined	Reason for Refusal
	Hepatitis B (Hep B)		
	Hepatitis A (Hep A)		
	Tetanus, diphtheria (Td)		
	Tetanus, diphtheria, acellular pertussis (Tdap)		
	Pneumococcal (PPSV or PCV)		
	Influenza, Seasonal		
	Measles, mumps, rubella (MMR)		
	Varicella (Var)		
	Human papillomavirus (HPV)		
	Meningococcal (MCV, MPSV)		
	Zoster (shingles) (HZV)		
	Other:		

I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Statement(s) explaining the vaccine(s) and the disease(s) they prevent. My health care provider has explained to me (and I understand) the following:

- The **purpose** of the recommended vaccination
- The **risks and benefits** of the recommended vaccination
- **Possible consequence(s)** of not receiving the recommended vaccination may include contracting the illness the vaccine is intended to prevent and transmitting the disease to others
- My doctor, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the Centers for Disease Control and Prevention, and the Michigan Department of Community Health **strongly recommend** that the vaccine(s) be given

The health care provider has answered all of my questions.

I know that I may change my mind and accept vaccination in the future.

I accept sole responsibility for any consequences as a result of not being vaccinated.

I acknowledge that I have read this document in its entirety and fully understand it.

Signature _____ Date _____ Time _____

Witness _____ Date _____ Time _____

I have had the opportunity to re-discuss my decision not to be vaccinated and still decline the recommended immunizations:

Initials _____ Date/Time _____ Initials _____ Date/Time _____

Initials _____ Date/Time _____ Initials _____ Date/Time _____

Initials _____ Date/Time _____ Initials _____ Date/Time _____