

Refusal to Consent to Vaccination (Adult)

This is a tool for office practices to use for documentation in the patient medical record. This is not a waiver form. Contact your local health department for more information.

Name: _____ ID# _____

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

Recommended	Vaccine	Declined
	Hepatitis B	
	Hepatitis A	
	Tetanus, diphtheria (Td)	
	Tetanus, diphtheria, acellular pertussis (Tdap)	
	Pneumococcal (PPV 23)	
	Influenza (flu)	
	Measles, mumps, rubella (MMR)	
	Varicella (chickenpox)	
	Human papillomavirus (HPV4)	
	Meningococcal	
	Zoster (shingles)	
	Other:	

I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheet(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 (ACOG), and the American Academy of Family Physicians (AAFP), and the Centers for Disease Control (CDC), **strongly recommend** this 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

Witness

Date

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

Initials _____ Date _____ Initials _____ Date _____ Initials _____ Date _____

Initials _____ Date _____ Initials _____ Date _____ Initials _____ Date _____

Adapted from the American Academy of Pediatrics (AAP)