

Vaccine Refusal Form

I understand that due to potential or actual occupational exposure to _____, I may be at risk for acquiring _____. I have been given the opportunity to be vaccinated against _____. However, I decline the vaccine at this time. I understand that by declining this vaccine I continue to be at risk for this disease. I had the opportunity to have any questions about this vaccine answered to my satisfaction. I understand that if I would like to receive this vaccine at a later time or have questions about receiving this vaccine I will call the Family Medicine office.

I am unable to receive the _____ Vaccine due to a medical contraindication.

Please explain: _____

Other: Please explain: _____

Patient Signature: _____ Date: _____

Physician Review (please sign): _____