

## Refusal to Consent to Adult Vaccines: 19 Years and Older

This is a tool for provider practices to use for documentation in the patient's medical record. Remember to document vaccination refusal in the Michigan Care Improvement Registry (MCIR).

Patient Name: \_\_\_\_\_

ID# or DOB: \_\_\_\_\_

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

Recommended Vaccines	Declined	Reason for Refusal
COVID-19		
Hepatitis A: HepA		
Hepatitis B: HepB		
Human Papillomavirus: HPV		
Influenza		
Measles/Mumps/Rubella: MMR		
Meningococcal Conjugate: MenACWY		
Meningococcal B: MenB		
Pentavalent Meningococcal: MenABCWY		
Pneumococcal: (PCV15, PCV20, PCV21, PPSV23)		
Polio: IPV		
Recombinant Zoster Vaccine (Shingrix): RZV		
Respiratory Syncytial Virus: RSV Vaccine		
Tetanus/diphtheria/pertussis: (Td or Tdap)		
Varicella (Chickenpox): VAR		
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 vaccine(s).
- The **risks** of disease and the **benefits and potential risks** of the recommended vaccine(s).
- The **responsibilities** of not being fully vaccinated.
- The **possible consequence(s)** of not receiving the recommended vaccine(s) may include contracting the illness the vaccine is intended to prevent and spreading the disease to others.
- My health care provider, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, and the Michigan Department of Health and Human Services **strongly recommend** that the vaccine(s) be given.

My health care provider has answered all my questions.

I know that I may change my mind and allow vaccines in the future.

I accept sole responsibility for any consequences that result from not being vaccinated.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date