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, PPSV23)		
	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, the CDC, 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