

## VACCINE DECLINATION FORM

### Patient/Resident/Staff Member Information:

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_ **Last name:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_, **Insurance number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_, **Age:** \_\_\_\_\_, **Gender:** [ ] Female [ ] Male

I wish to state in writing that I refuse ANY and ALL vaccinations. I maintain that I have investigated the reported risks and benefits of vaccination and the reported risks of the so-called “vaccine preventable diseases.” I maintain that I am making a responsible and ethical choice for the following reasons:

- There cannot be a guarantee that vaccine adjuvants will not cause any harmful side-effects.
- There cannot be a guarantee that the deliberate introduction of live or killed microorganisms into my body will not compromise my health or cause death, either immediately or in the future.
- There are no predictors in science that can give advance warning that injury or death may occur in any particular person who is vaccinated.
- There are no proven assurances that the vaccine will protect me from contracting the disease.
- There is an absence of adequate scientific knowledge regarding the way vaccines interact with the human body on a molecular level.

[ ] I understand that I may change my mind and request to be vaccinated later.

[ ] I certify that I am (a) the patient/resident/staff member and at least 18 yrs of age or (b) the representative of or the legal guardian of the patient/resident named above. I acknowledge that in making this decision I have had a chance to ask questions and that such questions were answered to my satisfaction.

\_\_\_\_\_  
Patient/Resident/Staff Member Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Legal Representative Signature

PRINT Legal Representative Name: \_\_\_\_\_

Relationship to patient/resident: \_\_\_\_\_

Date: \_\_\_\_\_

If VERBAL DECLINATION was received for the patient/resident:

\_\_\_\_\_  
Print name of person providing verbal declination

Date: \_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature (person who received verbal declination)