ROUNTINE ADULT IMMUNIZATION DECLINATION FORM

Name:	**Date of Birth:**	**MCI#:**

The following Screening(s)/Vaccination(s) has been recommended by my healthcare provider and/or DDDS:

Screening(s) recommended:
Vaccination(s) recommended:

I ____________________________ (Service Recipient/Legal Guardian/Surrogate Decision Maker), have been provided information regarding the risk(s)/benefit(s) of the Screening(s)/Vaccination(s) recommended above from my healthcare provider and/or DDDS. Despite the recommendation(s) received, I, my Legal Guardian, or Surrogate Decision Maker choose not to receive the above at this time. I, my Legal Guardian, or Surrogate Decision Maker have had an opportunity to ask questions about the above recommendation(s) and they were answered to my satisfaction. I will notify any of my team members immediately should I, my Legal Guardian, or Surrogate Decision Maker changes our minds.

Signature of Service Recipient/Legal Guardian/Surrogate Decision Maker:

____

Print name: ____

Relationship to Service Recipient (where applicable): ______________________

Date: ______________________

*****This Declination Form must be reviewed and signed annually and attached to the Person-Centered Plan*****