

Refusal to Vaccinate Form

Patient Information

Name and Surname

Age*

Date of Birth

*Please fill the "Parent/Guardian Information" section if the patient is under 18.

Address

Gender

☐ Male

Email

☐ Female

Phone Number

☐ Other

Parent/Guardian Details

Parent/Guardian Name

Address

Email

Phone Number

Vaccinations

Vaccination	Description
Diphtheria	This is caused by bacteria that lead to respiratory or cardiovascular problems.
Tetanus	This is a vaccine that prevents tetanus. Tetanus is an infection and its causative agent is Clostridium tetani.
Pertussis	Whooping cough caused by Bordetella pertussis.
MMR (Measles, Mumps, Rubella)	Prevents measles, mumps, and rubella to individuals.
Hepatitis B	It infects body organs like the liver.
Varicella (Chickenpox)	Rashes all over the parts of the body.
Meningococcal	An infection that affects the brain and spinal cord.

ACKNOWLEDGMENT/WAIVER

I, _____, was informed in detail about the vaccination program and the importance of vaccination by the Health Institution I applied to. I understand that communicable diseases that can be prevented are much more common and harmful among unvaccinated people.

In the light of all this information, I voluntarily refuse to vaccinate. I know and accept that the Health Institution has no responsibility for the damage and/or health problems that I may suffer due to my refusal. I also know and accept that I may be prevented from participating in events and platforms where vaccination is mandatory.

I permit that this document can be shared to any facilities or institutions if needed.

Signatures

Patient (Parent/Guardian)

Witness/Health Care Worker

Name:

Name:

Date:

Date: