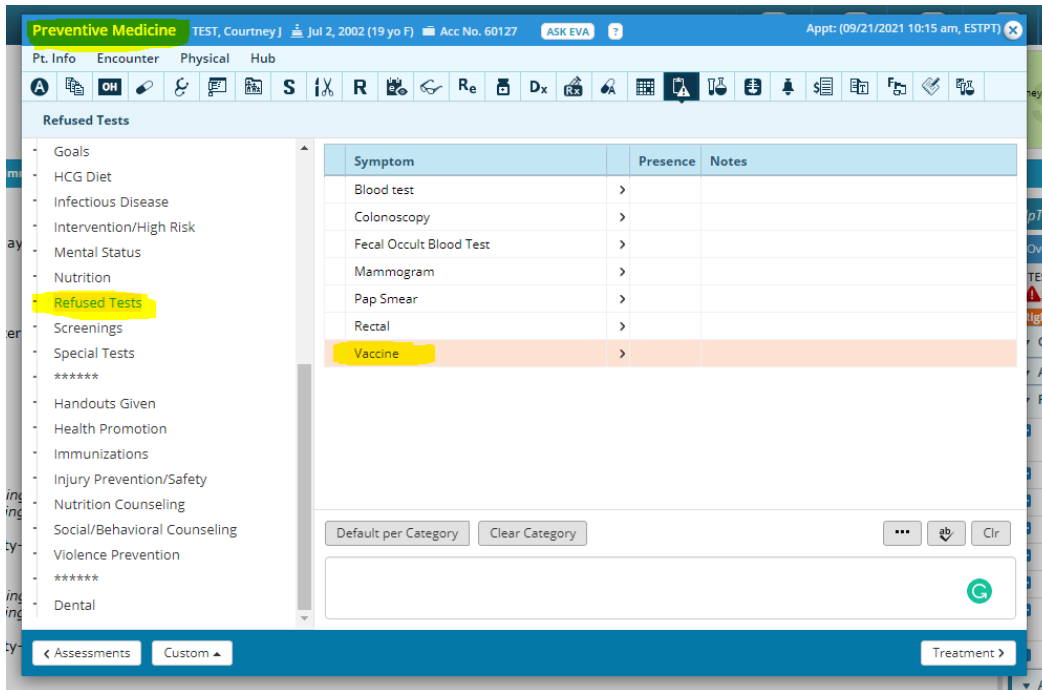
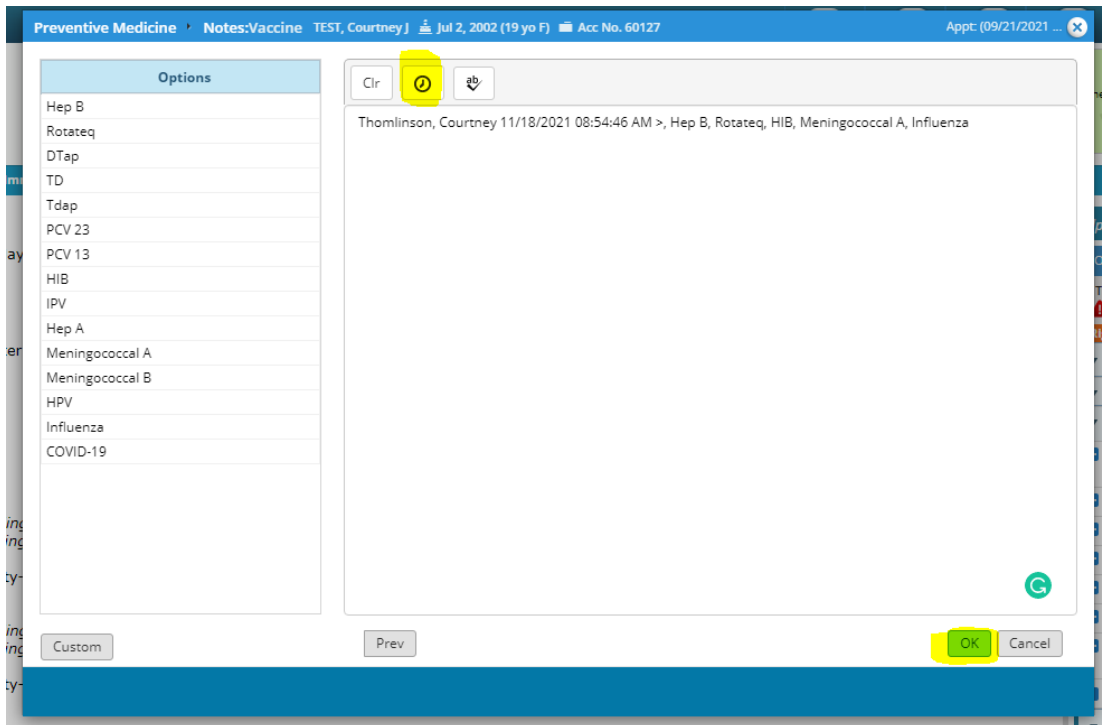


HOW TO Document Vaccine Refusals

1. Vaccine refusals should be documented under Preventative Medicine > Refused Tests > Vaccine



2. Once you select Vaccine you will want to time stamp with your name, date, and time, then type in the vaccines (or select them on the left panel) refused and hit OK.



HOW TO Document Vaccine Refusals

3. It will appear in the note like this

Lab Reports:
Procedure Orders:
Preventive Medicine: ▼
 Refused Tests:
 Vaccine Thomlinson, Courtney 11/18/2021 08:54:46 AM >, Hep B, Rotateq, HIB, Meningococcal A, Influenza.
Next Appointment: ▼ [Calendar icon]

Billing Information:

4. A refusal must be signed by the patient, parent/guardian. This will be found in “INK” or “eCliniForms”.



5. Once eCliniForms has opened these Vaccine Refusals are found in the folder “Refusal Forms.” You will select the appropriate language for the patient and select the paint brush at the bottom of the screen.

6. Use the [Text tool icon] to create a text box for the parent/guardian’s name and then another text box for the relation to the child, and the provider.

7. Use the freehand pencil [Freehand pencil icon] to mark the vaccines that were refused.

HOW TO Document Vaccine Refusals

8. You will then have the parent sign the refusal with their finger or stylist by selecting the pen tip

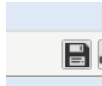


icon. And then move the signature to the signature line.

9. Import the providers signature to the provider line or have them sign with the above method.



To import a provider signature, click the arrow down next to the pen tip, and select import signature. Choose your provider and move their signature to the provider signature line.



10. Click the floppy disc to save.

Your completed Refusal will appear as below.

TEST, Courtney J DOB: Jul 2, 2002 (19 yo F) Acc No. 60127



Patient/ Child's Name: _____ DOB: _____
 Parent/Guardian's Name: Jane Test Relation: Mother

My child's primary care provider, Dr. Kashani, has advised me that my child (named above) should receive the following vaccines:

<input checked="" type="checkbox"/> Hep B	<input type="checkbox"/> Rotavirus	<input type="checkbox"/> DTap	<input type="checkbox"/> TD	<input type="checkbox"/> Tdap
<input type="checkbox"/> PCV23	<input type="checkbox"/> PCV13	<input checked="" type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> Hep A
<input type="checkbox"/> Meningococcal A	<input type="checkbox"/> Meningococcal B	<input type="checkbox"/> HPV	<input type="checkbox"/> Influenza	<input checked="" type="checkbox"/> COVID
<input type="checkbox"/> Other _____				

I have been provided with and given the opportunity to read each Vaccine Information Statement from the Centers for Disease Control and Prevention (CDC) explaining the vaccine(s) and the disease(s) it prevents for each of the vaccine(s) checked as recommended and which I have declined, as indicated above. I have had the opportunity to discuss the recommendation and my refusal with my child's provider, who has answered all of my questions about the recommended vaccine(s). A list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is available at www.cdc.gov/vaccines/pubs/vis/default.htm. I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).
- That some vaccine-preventable diseases are common in other countries and that my unvaccinated child could easily get one of these disease while traveling or from a traveler.
- If my child does not receive the vaccine(s) according to the medically accepted schedule, the consequences may include
 - Contracting the illness the vaccine is designed to prevent (the outcomes of these illnesses may include one or more of the following certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness; other sever and permanent effects from these vaccine-preventable disease are possible as well).
 - Transmitting the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school and requiring someone to miss work to stay home with my child during disease and outbreaks.
- My child's doctor and the American Academy of Pediatrics, the American Academy of Family Physicians, and the Center for Disease Control and Prevention all strongly recommend that the vaccine(s) be given according to recommendations.

Nevertheless, I have decided at this time to decline or defer the vaccine(s) recommended for my child, as indicated above, by signing below. I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with whom my child might come into contact. I therefore agree to tell all health care professionals in all settings what vaccines my child has not received because he or she may need to be isolated or may require immediate medical evaluation and test that might be necessary if my child had been vaccinated.

I know that I may readdress this issue with my child's doctor or nurse at any time and that I may change my mind and accept vaccination for my child any time in the near future.

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

Parent/ Guardian Signature: [Signature] Date: _____
 11/18/2021 9:03 AM (CST)

Provider Signature: [Signature] Date: _____
 11/18/2021 9:03 AM (CST)

TEST, Courtney J DOB: Jul 2, 2002 (19 yo F) Acc No. 60127