AFFILIATED PHYSICIANS
ON-SITE VACCINATION AND WELLNESS SERVICES

Refusal of Care Document

Refusal of Immediate Care (ROC) form is required for all patients who clinician deems medical intervention or treatment is necessary and patient is refusing.

Example: Patient with BP of 210/106 – Patient requires urgent intervention. Patient states he is on medication and will follow up with his Primary Care Physician. Complete ROC form and report to HOTLINE.

HOTLINE: 646-535-2318

AFFILIATED PHYSICIANS
A LEADER IN CORPORATE HEALTH SOLUTIONS

Refusal of Immediate Care against Medical Advice

Employer Name:_____ Event Location: _____

Event Type:_____(describe: COVID, Flu, Wellness, etc.)

Criteria for refusing care:
The patient meets all of the following:

- ☐ Is over the age of 18 years
- ☐ Exhibits no evidence of:
  - Altered level of consciousness
  - Alcohol or drug ingestion that would impair judgment
- ☐ Understands the nature of the medical condition, as well as the risks and consequences of refusingcare.

Care Recommendation: _____

_____

_____

_____ _____ _____
Clinician Signature Clinician Name Date

1. Acknowledgement of Information (Initial on line)
   _____I acknowledge that I have been informed of my symptom status which indicates I may require immediate medical attention. I elect not to seek the medical care recommended above, and/or to refuse further evaluation, treatment and/or transport.
2. Release of Liability (Initial on line)
   _____ By signing this form, I am releasing Affiliated Physicians of any liability or medical claims resulting from my decision to refuse care against medical advice.

I understand that if I change my mind at a later time, I should call 911, go to the nearest emergency room, or call my private doctor for guidance.

Name Printed: _____

Signature_____Date_____

Witness Information

Signature:_____Name Printed: _____

Revised – 03.31.21