

# REFUSAL FORM OR CANCELLATION OF REFUSAL

**KNOWING THAT:**

- All vaccines received must be recorded in the registry and that you cannot refuse to have vaccines recorded in the registry once they have been administered;
- I can refuse to have my centre intégré de santé et de services sociaux (CISSS/CIUSSS) send me promotional material on vaccination, contact me, or remind me of vaccines that I should receive;
- My refusal will in no way affect my right to receive the care and services required in the event of an epidemic or an emergency;
- I can modify my decision at any time.

**YOU MUST SEND THIS DULY COMPLETED FORM TO THE FOLLOWING ADDRESS:**

**QUÉBEC VACCINATION REGISTRY**  
 Institut national de santé publique du Québec (INSPQ)  
 945, avenue Wolfe, 3<sup>e</sup> étage  
 Québec (Québec) G1V 5B3

## SECTION TO BE COMPLETED

I refuse to have my centre intégré de santé et de services sociaux (CISSS/CIUSSS) send me promotional material on vaccination, contact me, or remind me of vaccines that I should receive.

OR

I here by cancel my refusal. I now agree to have my centre intégré de santé et de services sociaux (CISSS/CIUSSS) send me promotional material on vaccination, contact me, or remind me of vaccines that I should receive.

**PLEASE PRINT** the information requested as it appears on your health insurance card.

Last name

First name

Health insurance number

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Expiry date

Y	Y	Y	Y	M	M
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Last and first names of your mother at birth

Last and first names of your father at birth

As warranted, enter the last and first names of the legal representative, parent, or tutor who is completing the form on behalf of the person who refuses or cancels his or her refusal.

Last name

First name

Daytime telephone number

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Extension

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Signature (applicant or legal representative)

X

Date

Y	Y	Y	Y	M	M	D	D
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