

3/16/43

566-12-7161

REFUSAL OF EMS SERVICE

DATE: 9/5/12

First Responder Form Incident # or PCR #: \_\_\_\_\_

Name: Mary Parvin

Address: 2 N. Aurora Ave  
Lodi, CA

<input checked="" type="checkbox"/> History of event and prior medical history including medications	<input type="checkbox"/> Base contact made for ALS chief complaint	<input checked="" type="checkbox"/> Not applicable
<input checked="" type="checkbox"/> Physical assessment and complete set of Vital Signs	<input checked="" type="checkbox"/> Transportation to appropriate hospital offered.	
<input type="checkbox"/> Patient refused vital signs and/or assessment.	<input checked="" type="checkbox"/> Call 9-1-1 if condition persists or worsens	
<input checked="" type="checkbox"/> Seek medical attention for complaint.		

Risks of refusal of treatment or transportation explained:

- Further Illness
- Death

Benefits of treatment or transportation explained:

- Further Tests
- Exam by Doctor

Instructions to Patient or,  Indicate why patient refused service or refused to sign this form:

Call 911 if symptoms continue/get worse

I acknowledge that AMR/E. Walker informed me of the risk(s) involved in refusing medical care and hereby release San Joaquin County, its officers, agents, and employees and all other persons participating in my care from any responsibility whatsoever for unfavorable or untoward results which may occur as a result of my refusal to permit emergency medical treatment.

As a patient of the San Joaquin County EMS System, this is to certify that I am refusing care by, or against the advice of San Joaquin EMS personnel.

Mary Parvin  
Patient Signature (or Legal Guardian or Representative)

[Signature]  
Witness Signature

SJ EMS Form 540.09F EMS Personnel Signature

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