

ALAMEDA COUNTY EMS – REFUSAL OF SERVICE FORM (LOG)

Date: _____ Time: _____ Incident #: _____ Agency: _____

Page _____ of _____

Location of Call: _____

ACKNOWLEDGMENT OF INFORMATION – RELEASE OF LIABILITY

By signing this form I acknowledge that:

- I was offered an evaluation, medical care and/or transportation to a medical facility; however, I did not request, nor do I desire the services offered.
- I am releasing the County of Alameda and the responding provider agency(ies) of any liability or medical claims resulting from this refusal.

If I change my mind or my condition changes, I have been advised to call 9-1-1 in an emergency, go to an emergency department in my area, or call my private doctor (if appropriate).

REFUSAL OF SERVICE CRITERIA

1. Did not initiate the 9-1-1 call for medical care for themselves.
2. Is an adult (18 or over), or if under 18 legally emancipated.
3. Is oriented to Person, Place, Time, and Situation.
4. Exhibits **no visual evidence** of:
 - ▶ Altered level of consciousness
 - ▶ Alcohol or drug ingestion that impairs judgment
 - ▶ Injury, illness or trauma mechanism of injury that requires an ALS assessment.
5. Has **no verbal complaints** of illness or injury that requires an ALS assessment.

Name (please print)	Phone #	Age	Sex	Signature	Refused to sign
	[]		M F		<input type="checkbox"/>
	[]		M F		<input type="checkbox"/>
	[]		M F		<input type="checkbox"/>
	[]		M F		<input type="checkbox"/>
	[]		M F		<input type="checkbox"/>
	[]		M F		<input type="checkbox"/>
	[]		M F		<input type="checkbox"/>

Over for additional space

Form Completed By: _____ ID#: _____ 12/1/01