



MINISTERO
DELL'INTERNO

FORM TO EXPRESS REFUSAL TO UNDERGO VACCINATIONS

Surname Name: _____

Place and date of Birth: _____

Tax Code or Temporarily Present Foreigner: _____

Reception facility: _____

To protect collective and individual health, the Department of Public Health offers to all the guests residing in the Extraordinary Reception Centres vaccinations against the following diseases: Diphtheria, Tetanus, Whooping Cough, Measles, Mumps, Rubella, Chicken Pox, Poliomyelitis, and Hepatitis B.

The undersigned declares the following:

- I have read and understood the informational material relating to vaccinations and the diseases they can prevent;
- I have been given the opportunity to pose questions about the vaccine/s and my state of health, eliciting comprehensive answers that I have understood;
- I have understood the benefits and risks of vaccination/s as well as the consequences of a possible refusal or renouncing completion of the full cycle as planned.

Furthermore, aware that failure to be vaccinated might cause the spread of such diseases with possible consequences, including serious ones, for my health and that of people close to me (family members, other guests of the reception facility), I hereby state under my responsibility that I do not wish to undergo the following vaccinations:

- ☐ Diphtheria, Tetanus, Whooping Cough vaccination
- ☐ Measles/Mumps/Rubella vaccination
- ☐ Chicken Pox vaccination
- ☐ Hepatitis B vaccination
- ☐ Poliomyelitis vaccination

Lastly, I have been informed that if I show symptoms compatible with the aforementioned diseases, I will have to inform at once my doctor and the contact person at the Extraordinary Reception Centre.

Further to the above, I declare that I have been informed of the possibility to change my choice at any time and undergo the planned vaccinations.

Place and date

Signature (surname name)

Signature of Healthcare Worker
