

ROWAN COUNTY MEDICAL RESPONDER REFUSAL OF EMS SERVICE FORM

Personal Information			
Last Name	First Name	MI	DOB
Incident Location (Street # and Name/ Po Box, City, State , Zip)			
Home Phone Number ()	Other Phone ()	Social Security Number	

Incident Information	
Incident Type Check All That Apply.	
1. Transportation	5. Respiratory Distress
2. Fall	6.CVA
3. Sick	7. Hemorrhage
4. Cardiac	8. Assault
9. Other Specify) _____	

Person Reporting Incident to 911 1. Patient or legal Guardian. 2. Third Party Caller	

Recommended Action/s	
1. Be treated and transported by paramedic ambulance.	
2. Seek medical attention from primary care giver.	
3. Call 911 if your condition gets worse.	
_____	Signature of Medical Responder
_____	Date
I the undersigned do hereby refuse to be treated and transported by a Rowan County EMS provider. I am making this refusal of my own free will and have had the possible consequences of this action explained to me. I further understand that if my condition worsens or I have additional needs I may contact 911 for assistance.	
_____	_____
Signature of patient or LEGAL representative	Date
_____	_____
Witness Signature	Date