

Central State Hospital

**REFUSAL OF TREATMENT AGAINST MEDICAL ADVICE
(For use only with Inmates from the Georgia Department of Corrections)**

I, _____, do hereby refuse the following
medical and/or surgical treatment as recommended by the medical staff at the
Medical Surgical Hospital, Central State Hospital. Proposed Treatment:

I have been told of the possible complications that may occur as the result of my
refusal of the above treatment. These complications include but are not limited to

I am fully aware of my condition and understand the possible results of my refusal.
I certify that I have read this form or have had it read to me, and I fully understand
it.

Signature of Inmate Date

Signature of Witness Date

REFUSAL TO SIGN:

Inmate has refused the recommended treatment, the possible consequences of his/her
refusal have been explained, and this form has been read to him/her. Inmate refuses to sign
form.

Signature of Witness Date

Signature of Witness Date

Stamp Plate