

1. This is to certify that I, _____, a detained alien in the custody of the Immigration and Naturalization Service, have refused to consent to the following: (a) in-processing screening, (b) medical treatment, (C) medical procedure(s)

because _____

2. The health care provider whose signature appears below, has explained the necessity for the above described. I understand that the possible or probable consequences of my refusal include:

3. In a language that I understand, I have been informed that refusal of this treatment or procedure may jeopardize my health and/or life, but it is, nonetheless, my wish that my refusal be honored. I hereby release the Immigration and Naturalization Service, and the United States of America from any and all liability that I might assert for not providing the treatment or procedure(s) described herein. I attest that I am over the age of eighteen years and I am mentally competent to execute this release.

4. Signature of detainee:	5. Time:	6. Date:
7. Signature of INS official:	8. Printed Name of INS official:	
9. Signature of health care provider:	10. Printed	
11. Signature of witness:	12. Printed name of witness:	
13. Signature of translator:	14. Printed name of translator:	

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:				
1. Name:	(Last)	(First)		
2. DOB:		3. A #		
4. Nationality:		5. Facility:		