

Child Immunisation Refusal Form

This form should only be used when immunisation(s) are declined.

Surname:	
First Names:	
DOB:	NHS Number:
Address:	
Postcode:	
Sex M/F	
GP Name:	
Health Visitor Name:	

Please indicate which vaccine(s) are not required by ticking (✓) the box:

Vaccination	✓
Diphtheria/ Tetanus/ Pertussis / Polio/ Hib / Hep B	<input type="checkbox"/>
Pneumococcal	<input type="checkbox"/>
Men C	<input type="checkbox"/>
Hib/ Men C	<input type="checkbox"/>
MMR1	<input type="checkbox"/>
Pre School Booster	<input type="checkbox"/>
MMR2	<input type="checkbox"/>
Rotavirus	<input type="checkbox"/>
Men B	<input type="checkbox"/>

<p>I do not agree to my child receiving protection against any of the diseases stated.</p> <p>Parent/Guardian Name:</p> <p>Signature:</p> <p>Date:</p>
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Parents who refuse immunisation(s) are reminded that they may change their minds at any time. There is no upper age limit for immunisation.

For further information on childhood immunisations, visit Vaccine Knowledge on <http://vk.ovg.ox.ac.uk/>

For Office Use Only

Email completed form to: scwcsu.immunisations@nhs.net

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