Providing NHS services

Cloister Road Surgery

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Childhood Immunisation Refusal Form

Child's Forename _____ Surname _____

Child's Date of Birth: _____ Child's Gender (please tick): □ Male □ Female

Address: _____

_____

I acknowledge that I am aware of the following facts:

- I understand that the Childhood Immunisation schedule will protect my child from Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenzae type b (Hib), Hepatitis B, Meningococcal B, Pneumococcal, Rotavirus, Meningococcal C, Measles, Mumps, and Rubella diseases.
- I understand that by not having the Childhood Immunisation schedule my child will be at risk of contracting vaccine preventable diseases.
- I understand that by not having the Childhood Immunisation schedule my child can spread these vaccine preventable diseases to other vulnerable children and adults.

I refuse the following vaccines (please tick):

Vaccination	✓
Diphtheria/ Tetanus/ Pertussis / Polio/ Hib / Hep B (DTaP/IPV/Hib/HepB)	
Pneumococcal (PCV)	
Men B	
Rotavirus	
Hib/ Men C	
MMR1	
Men B booster	
Diphtheria/ Tetanus/ Pertussis / Polio (DTaP/IPV)	
MMR2	
Other:	

I understand I can arrange for my child to be vaccinated through my GP if I change my mind at a later date.

I have read and fully understand the information on this refusal form and am authorised to refuse vaccination on behalf of the above named child.

Name (Please print) _____ Date _____

Please tick: □ Parent □ Legal Guardian Signature _____

https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/