

CHILDHOOD IMMUNISATION DISCLAIMER

Child's Forename: _____ Middle name: _____

Surname: _____

Child's Date of Birth: DD/MM/YYYY

Child's Gender: Male / Female

Full Address:

Postcode:

GP's Name & Address:

I acknowledge that I am aware of the following facts:

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

I refuse the following vaccines (*please tick as appropriate*):-

6in1 Men B PCV Rotavirus Men C MMR Hib/MenC

6 in 1 Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenzae type b, Hepatitis B vaccine

MenB Meningococcal B vaccine

PCV Pneumococcal conjugate vaccine

MenC Meningococcal C vaccine

MMR Measles, Mumps, Rubella vaccine

Hib/MenC Haemophilus influenzae type b/ Meningococcal C vaccine

I am choosing to refuse vaccination for the following reasons:

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.

Signature _____ Date _____

Name (Please print) _____ Please tick: Parent Legal Guardian