South, Central and West
Commissioning Support Unit

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IMMUNISATION DECLINE

This form should only be used when the offer of immunisation(s) are declined. Please ensure that all relevant information is provided.

Child's Surname:		**NHS Number:**	
First Names:		**Date of Birth:**	D D M M Y Y Y Y
Sex:	M/F		
Address:			
		Post Code:	
GP:		**HV (if appropriate):**	

Please place an X next to the immunisation(s) for which you decline.

Combined vaccines including:

6in1: Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Hib & Hepatitis B	☐
Meningitis B	☐
Hepatitis B	☐
Rotavirus	☐
Hib/Meningitis C	☐
MMR (Measles, Mumps and Rubella (German Measles))	☐
Pre-school booster: Diphtheria, Tetanus, Pertussis, Polio	☐
Pneumococcal	☐

I would like to decline for my child to be vaccinated at this time, against the diseases indicated.

Name (Parent/Care Giver):……

Signature:……

Date:……..

Parents/Care Givers are reminded that they may change their minds at any time. There is no upper age limit for the 6-in-1, MMR and Pre School Booster immunisations. ***Please return this form to the Child Health Information Service team, where possible using the e-mail address at the top of the form.***