

Burnham Health Centre

Minniecroft Road, Burnham, Buckinghamshire SL1 7DE

Tel: 01628 666326 Fax: 01628 663743

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	
Pneumococcal	
Men C	
Hib/ Men C	
MMR1	
Pre School Booster	
MMR2	
Rotavirus	
Men B	

I do not agree to my child receiving protection against any of the diseases stated.
Parent/Guardian Name:
Signature:
Date:

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

South Central and West CSU Child Health Information Services, 2nd Floor, 66 High Street, Aylesbury, Bucks, HP20 1SD

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