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|  | Child Health Information Services TeamSandford Gate, Littlemore, Oxford, OX4 6LBTel: 0300 561 1851Email: scwcsu.immunisations@nhs.net |

**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:** |

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 |
| Click or tap here to enter text. |
|  |
| **First Names:** | Click or tap here to enter text. | **Date of Birth:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| Click or tap to enter a date. |

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|  |
|  |
| **Sex:** | **M**[ ] **F**[ ]  |  |  |
| **Address:** | Click or tap here to enter text. |
| Click or tap here to enter text. |
|  | **Post Code:** | Click or tap here to enter text. |
|  **GP:** | Click or tap here to enter text. | **HV (if appropriate):** | Click or tap here to enter text. |

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| **Please place an X next to the immunisation(s) for which you decline.** |
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| **Combined vaccines including:** |  | **I would like to decline for my child to** **be vaccinated at this time, against the diseases.****indicated.****Name (Parent/Care Giver):…**Click or tap here to enter text.**Signature:****Date:** Click or tap to enter a date. |
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| 6in1: Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Hib & Hepatitis B |[ ]   |
|  |  |  |
|  |  |  |
| Meningitis B |[ ]   |
|  |  |  |
| Rotavirus |[ ]   |
|  |  |  |
| Hib/Meningitis C |[ ]   |
|  |  |  |
| MMR (Measles, Mumps and Rubella (German Measles)) |[ ]   |
|  |  |  |
|  |  |  |
| Pre-school booster: Diphtheria, Tetanus, Pertussis, PolioPneumococcal |[ ]   |
|  |  |  |
|  |[ ]   |
|  |  |  |

**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.***