



IMMUNISATION CONSENT DECLINED

Patient Name:

Date of Birth:

NHS Number:

Address:

GP:

HV (If appropriate):

I decline consent to the following immunisation(s):

- 6in1: Diphtheria, Tetanus, Pertussis, Polio, Hib and Hepatitis B
- Haemophilus Influenzae Type B and Meningitis C
- Meningitis ACWY
- Meningitis B
- MMR (Measles, Mumps and Rubella)
- Pneumococcal
- Pre-school booster: Diphtheria, Tetanus, Pertussis and Polio
- Rotavirus
- Seasonal Influenza

Statement of Parent / Guardian

I do not consent to my child receiving protection against the diseases indicated.

I have been fully advised and understand about the risks of declining these immunisations.

I am aware that I can change my mind at any time and there is no upper age limit for immunisation.

Name:

Signature:

Relationship to Child: Parent / Guardian

Date: