

IMMUNISATION

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

Childs name:

NHS Number:

6 in 1 - Diphtheria, Tetanus, Pertussis, Polio, Hib and Hepatitis B	
5 in 1 - Diphtheria, Tetanus, Pertussis, Polio, Hib	
Pneumococcal	
Rotavirus	
Hib/ Meningitis C	
MMR1 (Measles, Mumps and Rubella)	
Pre-school booster (Diphtheria, Tetanus, Pertussis, Polio)	
MMR2 (Measles, Mumps and Rubella)	
Meningitis B	

Please place a X next to the immunisation(s) for which you do not give consent.

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

Name (Parent/Guardian):

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.

Please return this form to Price's Mill Surgery, Newmarket Road, Nailsworth, Stroud, GL6 0DQ