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|  | Cheshire & Merseyside Child Health Information Service  4th Floor, Burlington House,  Crosby Road North,  Liverpool, L22 0QB  Tel: 0300 561 1850  Email: scwcsu.candm.schedimms@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.**

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

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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):………………………………………**  **Signature:…………………………………………………………………**  **Date:………………………………………………………………………..** |
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| 6in1: Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Hib & Hepatitis B |  |
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| Pneumococcal conjugate vaccine (PCV) |  |
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| Meningitis B |  |
|  |  |
| Rotavirus |  |
|  |  |
| Hib/Meningitis C |  |
|  |  |
| MMR (Measles, Mumps and Rubella (German Measles)) |  |
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|  |  |
| Pre-school booster: Diphtheria, Tetanus, Pertussis, Polio |  |
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**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.*