NHS
South, Central and West
Commissioning Support Unit

Child Health Information Services Team
1st Floor, Unipart House
Cowley, Oxford
OX4 2GQ
Tel: 0300 561 1851
Email: scwcsu.immunisations@nhs.net

IMMUNISATION DECLINE

Child's Surname:		**NHS Number:**	
First Names:		**Date of Birth:**	D D M M Y Y Y Y
Sex:	**Male/Female**		
Address:			
GP Practice:		Postcode:	
		HV (if appropriate)	

Please place an X next to the immunisation(s) for which you decline.

I would like to decline for my child to be vaccinated at the time, against the diseases indicated.

6in1: Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Hib & Hepatitis B	☐
Pneumococcal	☐
Meningitis B	☐
Hib/Meningitis C	☐
Rotavirus	☐
MMR (Measles, Mumps and Rubella (German Measles))	☐
MMRV (Measles, Mumps and Rubella (German Measles) Varicella (Chickenpox))	☐
Pre-school booster: Diphtheria, Tetanus, Pertussis (whooping cough), Polio	☐

Name (Parent/Care Giver) .....

Signed by parent/care giver with parental responsibility.....

Date.....

Parents/Care Givers are reminded that they may change their minds at any time. Please note there are upper age limits for certain immunisations. Please contact the practice nurse at your GP for more information or visit https://www.nhs.uk/vaccinations/nhs-vaccinations-and-when-to-have-them/ ***Please return this form to the Child Health Information Service team, where possible using the e-mail address at the top of the form.***