

Staunton & Corse Surgery
Immunisation Consent Declined

Patient Name:	
Date of Birth:	
NHS Number:	
Address:	
GP:	
Health Visitor (if appropriate):	
I decline consent to the following immunisation(s):	
<input type="checkbox"/>	6 in 1: Diphtheria, Tetanus, Pertussis, Polio, Hib and Hepatitis B
<input type="checkbox"/>	Haemophilus Influenzae Type B and Meningitis C
<input type="checkbox"/>	Meningitis ACWY
<input type="checkbox"/>	Meningitis B
<input type="checkbox"/>	MMR (Measles, Mumps and Rubella)
<input type="checkbox"/>	Pneumococcal
<input type="checkbox"/>	Pre-school booster: Diphtheria, Tetanus, Pertussis and Polio
<input type="checkbox"/>	Rotavirus
<input type="checkbox"/>	Seasonal Influenza
Statement of Parent/Guardian:	
<p>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.</p>	
Name:	d
Signature:	
Relationship to Child (Parent/Guardian):	
Date:	