

**CHILD VACCINATION(S) – DECLINED**

We understand you have concerns regarding your child’s immunisations. The “Vaccine Knowledge” website contains evidence based independent information about immunisations which will help answer your queries. Please visit <http://vk.ovg.ox.ac.uk>

If you have decided for your child not to have a vaccination, please indicate below which immunisations this applies to, sign the form and return to our Patient Services so that the child’s record can be updated. **Parents can change their minds at any time and there is no upper age limit for immunisations.**

Routine Childhood Immunisations		Age usually given	Put a 'X' against those declined
<b>1<sup>st</sup> DTaP/IPV/HIB</b>	Diphtheria, tetanus, pertussis, polio and Hib	2 months	
<b>Hepatitis B</b>	Meningococcal B		
<b>MEN B</b>			
<b>Rotavirus</b>			
<b>PCV</b>	Pneumococcal		
<b>2<sup>nd</sup> DTaP/IPV/HIB</b>	Diphtheria, tetanus, pertussis, polio and Hib	3 months	
<b>Hepatitis B</b>			
<b>Rotavirus</b>			
<b>3<sup>rd</sup> DTaP/IPV/HIB</b>	Diphtheria, tetanus, pertussis, polio and Hib	4 months	
<b>Hepatitis B</b>			
<b>Men B</b>	Meningococcal B		
<b>PCV</b>	Pneumococcal		
<b>Hib / Men C</b>		12 - 13 months	
<b>1<sup>st</sup> MMR</b>	Measles, Mumps, Rubella		
<b>PCV</b>	Pneumococcal booster		
<b>MEN B</b>	Meningococcal B		
<b>2<sup>nd</sup> MMR</b>	Measles, Mumps, Rubella	3 yrs 4 months approx.	
<b>4<sup>th</sup>/Pre School Booster DTaP/IPV</b>	Diphtheria, tetanus, pertussis, polio		

I do not wish my child to have the immunisations selected above.

Child’s Full Name ..... Date of Birth .....

Signature .....

Parent/Guardian Name ..... Date .....

Please return to Montgomery-House Surgery