



ASCOT MEDICAL CENTRE

Brook House, Heatherwood Hospital

Brook Avenue

Ascot SL5 7GB

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www.ascotmedicalcentre.nhs.uk

Immunisation Decline Form

Childs Name:

NHS Number:

Address:

Please tick all boxes for the immunisations you do not wish for your child to have:

Diphtheria, Tetanus, Pertussis, Polio and Hib, Hep B

Pneumococcal

Hib/Men C

MMR1

Pre-School Booster

MMR 2

Rotavirus

Men B

Please fill in Parent/Guardian Details Below:

I do not agree to my child receiving protection against any of the diseases stated.

Signature:

Parent/Guardian Name:

Date:

Reason for Declining: _____

**Parents who refuse immunisation(s) are reminded that they may change their minds at any time.
There is no upper age limit for immunisation.**