Primary Childhood Immunisation (PCI) Schedule Declination Form

Privacy Statement: HSE staff are aware of their obligation under the Data Protection Acts, 1988-2018 (including GDPR). The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes and provide health care.

Child's Forename _____ **Middle name** _____ **Surname** _____

Child's Date of Birth: __DD/MM/YYYY__ **Child's Gender (please tick):** ☐ Male   ☐ Female

Address: _____

_____

GP's Name & Address: _____

_____

I acknowledge that I am aware of the following facts:

- I understand that the Primary Childhood Immunisation schedule will protect my child from Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenzae type b, Hepatitis B, Meningococcal B, Pneumococcal, Rotavirus , Meningococcal C, Measles, Mumps, and Rubella diseases

- I understand that by not having the Primary Childhood Immunisation schedule my child will be at risk of contracting vaccine preventable diseases.

- I understand that by not having the Primary Childhood Immunisation schedule my child can spread these vaccine preventable diseases to other vulnerable children and adults.

I refuse the following vaccines (please tick as appropriate):-

☐ **6in1**   ☐ **Men B**   ☐ **PCV**   ☐ **Rotavirus**   ☐ **Men C**   ☐ **MMR**   ☐ **Hib/MenC**

6 in 1 Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenzae type b, Hepatitis B vaccine
MenB Meningococcal B vaccine   **PCV** Pneumococcal conjugate vaccine
MenC Meningococcal C vaccine   **MMR** Measles, Mumps, Rubella vaccine
Hib/MenC Haemophilus influenzae type b/ Meningococcal C vaccine

I am choosing to refuse vaccination for the following reasons:

_____

_____

_____

I understand I can arrange for my child to be vaccinated through my GP if I change my mind at a later date.

I have read and fully understand the information on this refusal form and am authorised to refuse vaccination on behalf of the above named child.

Signature _____   **Date** ____ DD/MM/YYYY ___

Name (Please print) _____   **Please tick:** ☐ **Parent**   ☐ **Legal Guardian**