

**REFUSAL OF RECOMMENDED VACCINES FORM**

Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_,

I have investigated the risks and benefits of the following vaccines and diseases. I am aware that there are documented cases of people contracting diseases for which they are clinically fully immunized and that the manufacturers of the vaccines do not guarantee 100% efficacy.

I am refusing the following vaccines for my child and am aware of any serious consequences of not vaccinating my child: (tick as appropriate)

MMR	
Men C	
5-in-1	
Pre school-booster	
Other – please name	

Signed (Parent)

Date: