

Primary Childhood Immunisation (PCI) Schedule Vaccination Refusal Form

Child's Forename:	
Child's Middle Name:	
Child's Surname: (Family Name)	
Child's Date of Birth:	D D / M M / Y Y Y Y
Child's Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female (Check one)
Child's Address:	
Mother's Surname at Birth:	
GP Name:	
GP Address:	

I acknowledge that I am aware of the following facts (please tick each box):

- 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 and Chickenpox (Varicella) 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 understand I can arrange for my child to be vaccinated through my GP if I change my mind at a later date.

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

- 6in1** (Diphtheria, Tetanus, Pertussis [whooping cough], Polio, Haemophilus influenza type b, Hepatitis B)
- Men B** (Meningococcal B)
- PCV** (Pneumococcal conjugate)
- Rotavirus**
- Men C** (Meningococcal C)
- MMR** (Measles, Mumps, Rubella)
- Chickenpox** (Varicella)

Reason for Refusal: _____

Medical Consent: Please note only a parent or legal guardian can refuse consent for a medical procedure for a child under 16 years of age. Read more about the HSE Consent Policy on the HSE website.

- 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: _____

Parent/Guardian Name:	
Date:	D D / M M / Y Y Y Y
Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (Check one)

Privacy Notice: The HSE do not use consent as a lawful basis for processing personal data. In the interest of transparency, to explain how we collect and use personal information the HSE provides details within the HSE Privacy Notice for Patients and Service Users which is accessible via the HSE Privacy Statement. The processing of your child's data will be lawful and fair. It will only be processed for specific purposes including, to manage the vaccinations, to report and monitor vaccination programmes, to validate clients and provide health care. Data sharing between HSE departments may also occur.