

# Interim\* vaccination objection form for enrolment in NSW child care centres



Health

## How to complete this form

This form must be completed and signed by:

- the parent/guardian of the child who has an objection to vaccination, and
- a General Practitioner (GP).

## Checklist for GP

- ✓ explain the benefits and risks of immunisation
- ✓ provide advice on disease signs and symptoms and when to seek medical advice
- ✓ discuss the wider consequences of not complying with the NSW Immunisation Schedule (e.g. exclusion from school during disease outbreaks)
- ✓ offer a referral to the AEFI clinic (if the basis for the objection is a previous suspected AEFI)
- ✓ offer a follow-up appointment to review decision

## What to do with the completed form

The parent/guardian must provide a copy of the completed and signed form to the child care centre when enrolling their child.

## For more information

For more information about the vaccination requirements for enrolment in child care:

- visit [www.health.nsw.gov.au/immunisation](http://www.health.nsw.gov.au/immunisation)
- call your local Public Health Unit on **1300 066 055**

## Child's details

1. *Family Name*

2. *First given name*

3. *Postal address*

  
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*Postcode*

4. *Date of birth*

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## GP declaration

5. I declare that:

- I have explained the benefits and risks of immunisation and disease signs and symptoms to the parent or guardian of the child named, and have informed him/her of the potential dangers now and later in life if a child is not immunised, and of the wider consequences of not complying with the NSW Immunisation Schedule
- the information provided in this form is complete and correct.

*GP name & address details*

  
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*Postcode*

*Medicare provider number*

*Signature*

*Date*

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## Parent/guardian declaration

6. I declare that:

- I have discussed the benefits and risks of immunisation with the provider named above and have considered the information given
- I have been advised about disease signs and symptoms and when to seek medical advice
- I have been advised that my child can be excluded from child care during disease outbreaks
- I have been given the opportunity to discuss any concerns about immunisation with the provider
- I have an objection to immunisation and have chosen not to have my child vaccinated.

*Parent/guardian name (please print)*

*Signature*

*Date*

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