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

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
• call your local Public Health Unit on 1300 066 055

Child’s details
1. Family Name

2. First given name

3. Postal address

   __________________________
   __________________________
   __________________________

   Postcode

4. Date of birth

   / /

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

Medicare provider number

Signature

Date

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

* Valid from 1 January 2017 to 31 December 2017