

CONSENT FOR HEPATITIS B IMMUNISATION

I have received written information on hepatitis B immunisation and have had an opportunity to discuss the immunisation being offered with a health professional.

I understand the reasons for the immunisation offer. I also understand the significance of my baby not having this immunisation. I am aware that my decision whether or not to have this immunisation will not affect the quality of care delivered by healthcare professionals.

Baby's name..... Date of birth.....

CHI number

- I wish my baby to be immunised against hepatitis B
- I **do not** wish my baby to be immunised against hepatitis B

Signature..... (Parent) Date.....

Signature (Witness: Healthcare professional)

Print name

Designation: Date.....