**DR J J WIJERATNE & PARTNERS**

**BELMONT HEALTH CENTRE**

**516 KENTON LANE, HARROW, MIDDLESEX HA3 7LT**

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| Dr J J Wijeratne, MB, BS, MRCS(Lond), MD, MRCP(UK) | | Dr Wijith Wijeratne, BM, MRCP(UK) | |
| Dr S Wijendra, MB, BS, LRCP, FRCS, FRCS(Edin) | | Dr I Ekneligoda MD, MD(Paed), MRCPCH, DFFP | |
| Dr D Ratnayake, MB, BS, DFFP  Dr H Mangat, MB, BS, DRCOG, MRCGP | | Dr M Munasinghe, BSc, MBChB, MRCP, MRCGP, DRCOG  Dr J Tanna, MBBS, BSc, MRCGP, DRCDG | |
| **Tel: 020 8863 6863** | **Appointments Tel: 020 8861 5663** | | **Fax: 020 8424 0542** |
|  | **(www.belmonthealthcentre.co.uk)** | |  |

Dear Parent or Guardian,

We recommend all children have the nationally agreed immunisations. According to our records your child’s immunisations are overdue and we may have tried to contact you two occasions, recommending that you book an appointment with the nurse to have these done urgently.

If you have any worries or concerns about having this done, please discuss this with the nurse or the GP. If you don’t want to have your child immunised, **please sign the statement below** and return it to us for our records

**If the practice does not receive a reply within 28 days of the date of this letter, a record will be made as “immunisation declined/ refused”**

Should you change your mind, you could always arrange an appointment with our nurse to have this done. Please bring your red record book with you to the appointment.

Yours sincerely

Dr J.J. Wijeratne and Partners

**Immunisation declined**

**Although I have been advised to have my child immunised, I do not wish to have this done.**

Childs Name ……………….

Surname ………………………….

Date of Birth ………………

Date: ………………….…

Relationship: …………………………

(Parent/ Guardian)

Reason for Refusal:

………………………………………………………………..

…………………………………………………………………

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Signed: ……………………………………………