APPENDIX E2 Proforma for schools to provide written notification to the Director, Public Health Unit, of any withdrawals of consent from NSW School Vaccination Program.

School name: _____

Address: _____

Contact phone number: _____

Dear Dr Forssman

_____School has received a withdrawal of consent from a parent/guardian for the school vaccination program.

The withdrawal of consent was received on ___/___/_____ for the following student:

Name:

DOB:

School year:

Consent has been withdrawn for the following vaccines:

- ☐ Boostrix (dTpa)
- ☐ Gardasil 9 (HPV)
- ☐ Menactra (meningococcal ACWY)

Yours sincerely

Name of Principal.....

Signature of Principal .....

Date.....

Government schools refer to DN/07/00117 Revised procedure - Withdrawal of Consent for vaccination in NSW Immunisation School-based Programs April 2007.
Non-government schools refer to www.health.nsw.gov.au/PublicHealth/Immunisation/school_prog/withdraw_consent.asp for the Procedure for Withdrawal of Consent.