

MMR mono component vaccination (MonoVac)

Dear Parent

Thank you for your enquiry regarding the mono component vaccines, measles, mumps and rubella.

Choice Healthcare Services is here to provide a wide range of affordable healthcare services including single child vaccines.

If you would like to register your child for an appointment then please complete and return the attached registration form. Our main immunization clinic is held at 10 Harley Street, London W1 and Airport House, Purley Way in Croydon.

Satellite clinics

We often visit others areas and set up clinics to serve the local community. these clinics are referred to as satellite clinics in various locations around the country.

Three Months between each vaccine

Your child must be at least 13 months in order to start the MonoVac programme, and the interval between each vaccine is a minimum of 3 months, starting with Measles, followed by Rubella and ending with Mumps. You may want to have a longer gap between each vaccination and we will respect your request to do so.

Supply Problems

We have no control over the amounts of the single vaccines that are manufactured or available for importation into the United Kingdom. As a result there may be times when scheduled deliveries may be delayed. This will inevitably result in the rescheduling of appointments and a longer wait for the recommended vaccine.

Choice Healthcare will not vaccinate if your child is:

- Unwell with a temperature
- Has a temperature associated with a viral infection i.e. ear, nose, throat or chest
- Has diarrhoea or vomiting
- Has a cold with green or yellow mucus discharge is clearly unwell and has a temperature.

Unless there is a valid reason we do promote a course of all three vaccines

If you would like to register for our single vaccine programme then please return the attached registration form as soon as possible with your payment for the first vaccine. We will then advise you of a suitable appointment for our clinic at:

10 Harley Street, London W1, (including Sunday between 11.00 and 4.00pm).

Airport House, Croydon (Thursday, Friday & Saturday) or for the advertised satellite clinic.

At your first appointment you will need to pay for the next vaccine so that it can be prescribed and ordered in time for your appointment which will be made during your visit.

Please send your deposit of £100.00 to:

Choice Healthcare Services Ltd
Airport House, Purley Way
Croydon, Surrey CR0 0XZ

Cheques are made payable to: Choice Healthcare Services Ltd.
Credit cards are also accepted with a £3.00 surcharge.

Every effort has been made to ensure that the prices and descriptions are correct at the time of price list production. However, as a manufacturers' specifications and prices change, Choice Healthcare Services Ltd reserves the right to alter and amend prices and specifications without prior notification. All items and services are subject to availability.

REFUND POLICY: Changes of appointment to another clinic as a result of illness are free of charge. Cancellations will be subject to a 50% administration charge. We will require at least 24 hrs notice of any cancellation.

Price list

Measles:	£100.00
Rubella:	£100.00
Mumps:	£155.00

Domiciliary Home Visits (London SE only):

Measles & Rubella:	£200.00
Mumps:	£250.00

Children's Registration Form

Please complete the **Primary single vaccination/MMR MonoVac** registration form below so that we can order your vaccine and arrange an appointment.

Enquirer Details

Title	First name	Surname	Relationship to child
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child Details

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Names	<input type="text"/>		Surname	<input type="text"/>			

Contact Details

Home Tel	<input type="text"/>
Work Tel	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>
Town/City	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>

Please tell us how you heard about Choice Healthcare Services (Please tick the boxes)

Leaflet	<input type="checkbox"/>	Recommendation	<input type="checkbox"/>	Family/Friends	<input type="checkbox"/>	Work Place	<input type="checkbox"/>	Internet	<input type="checkbox"/>
Local Newspaper	<input type="checkbox"/>	Yellow Pages	<input type="checkbox"/>	TV	<input type="checkbox"/>	National Newspaper	<input type="checkbox"/>	Radio	<input type="checkbox"/>

Please return this form with your deposit to:

Choice Healthcare Services Ltd
Airport House, Purley Way, Croydon
Surrey CR0 0XZ

Individual Child health Questionnaire

First Name Surname Date of Birth

Why have you chosen the single vaccine option

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Other vaccinations your child may have had:

Please give details of other vaccinations your child may have already had:

Dip/Tet (Diphtheria/Tetanus) HIB Polio BCG
Meningitis C Whooping Cough/ Pertissus Pneumococcal

Other? (please detail).....

Other information

Please detail why you have chosen to undertake your child's course of Single Vaccinations at ChoiceHealthcare:

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Your child's general health:

Has your child had any of the following:

Severe reaction (apart from a reaction at the site of injection) to previous injections? Yes No

If 'Yes' please give details of the reaction, whether a doctor was consulted and what was done:

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Allergy to any antibiotic? Yes No

If 'Yes' then please specify the name of the antibiotic(s), when and what it was given for, what happened and whether it has been given again since.

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Allergy to eggs? Yes No

If 'Yes' when was this and please give details of the reaction and whether your child has had eggs since without a problem?

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Impaired or reduced immunity? Yes No

If 'Yes' please give details including any tests and the advice you have received about this:

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A history of febrile convulsions, or of cerebral (brain) injury? Yes No

if 'Yes' please give details:

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If your child currently taking any medication? Yes No

If 'Yes' please give details.

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Do you have any relevant questions?

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MMR

Has your child already had the combined MMR Yes No

Did your child have a reaction to the MMR Yes No

What type of reaction did your child have

MMR Single Vaccines

Single measles date..... Single rubella date Single mumps date.....

Consent and disclaimer

I give consent for my child.....to undertake the course of single vaccinations for Measles, Rubella and Mumps at a Choice Healthcare Private General Practice Clinic.

I understand it is advisable for my child to receive three booster injections at a later time to ensure continued immunity into the teenage years.

I understand that the vaccines used are on a 'named patient basis' as they do not have a license for single use in the United Kingdom and that they are to be administered by Choice Healthcare to my child.

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Signed:..... Date:.....
(Parent/guardian)

Name:.....
(Please print name)

Name & Address of my child's GP

Dr:..... Address:.....

.....

..... Post Code:.....