

MMR Consent Form – (ADULT AGE 16-50)- School Name- _____



Last Name _____ First Name _____ Also known as _____
 NHI _____ D.O.B _____ Gender _____
 Address _____
 Telephone _____ Ethnicity _____
 Registered GP Practice: _____

Measles is a highly contagious disease that can be life threatening but is easily preventable through vaccination. Measles infection can result in hospitalization. 2019 has seen outbreaks of measles throughout the Auckland region. That is why we are recommending you are protected and help stop the spread of measles to people who can't get vaccinated. **If you have recently been exposed to measles you can still get measles as the vaccine will not have had time to prevent it.**

MMR is the vaccine which protects against three diseases: measles, mumps and rubella. One dose of the measles vaccine (MMR) is about 95% protective against measles. After two doses, more than 99% people are protected. **Please discuss with your GP if any further doses are required.**

1. Are you unwell or have a high temperature today(38 degrees +)	Yes	No
2. Do you have any allergies, If yes, please explain	Yes	No
3. Have you had a blood transfusion or transfusion of any blood products or an injection of Immunoglobulin in the past year?	Yes	No
4. Are you taking any sort of medicines or tablets prescribed by the doctor? If yes, please explain	Yes	No
5. Do you have any medical condition that requires the doctor's continuing attention? If yes, please explain	Yes	No
6. Have you had any vaccinations within the last month? If yes please list:	Yes	No
7. Are you pregnant or considering pregnancy	Yes	No

Student and /or Parent/caregiver

I have read and understood the information including the risk of not being immunized. I have been given the opportunity to discuss the risks and benefits of immunization with the nurse.

- I consent to (my child) being immunized with MMR vaccine and for the management of anaphylaxis.
- I decline the MMR vaccination or will go to family doctor

Name of Student/Parent/Caregiver: _____ Signature: _____
 Date: _____ Verbal consent taken by _____

After vaccination the normal expected reactions are redness, tenderness and/or swelling at the injection site for a day or two. You may also experience a mild fever, muscle and joint aches or tiredness – these are the body's' normal response to an immunisation and show your immune system is working to create protection.

Rarely, a high fever, rash, swelling of the glands under the chin and joint pains may develop about 6-21 days after the vaccination, this resolves in a day or two and is not infectious.

Very rarely an allergic reaction may occur soon after vaccination; this is why we require you to wait **20 minutes post vaccination** in the clinic for observation. Full protection will take approx. 2- 3 weeks.

Consent to document on NIR: Yes / No

Vaccinator:
Date _____ **Time given** _____
Vaccine: MMR11 or Priorix (circle)
Batch: _____ **Exp:** _____
Diluent: _____ **Exp:** _____
Site: Left / Right Deltoid **Route:** Sub-cut
Signature: _____

Student/Patient/Visitor age 16-50 & uncertain of vaccine status: Yes