

Measles, Mumps and Rubella (MMR) vaccination consent form

Person:

Surname _____ First name _____

Phone _____ Date of Birth ___ / ___ / _____ Age _____ years
DD MM YYYY

Address _____

Medical Centre/GP _____ NHI _____

National Health Index number
if known

Ethnicity (please circle one or more):

NZ European Māori Samoan Cook Island Māori Tongan Niuean Chinese
 Indian Other – please state _____

Please let the vaccinator know if any of the following apply to you/the person being vaccinated:

- Pregnant or planning pregnancy.
- Previous serious allergic reaction to an MMR or other vaccine, neomycin (antibiotic) or any other component of the vaccine.
- Had any other vaccines in the last month.
- Being treated for cancer or other severe illness.
- Blood transfusion or another blood product within the last year or expected in the next two months.
- Taken any medication or received any treatment that could affect your immune system such as:
 - Steroid medicines (eg, prednisone).
 - Medications for rheumatoid arthritis, multiple sclerosis, crohn's disease or ulcerative colitis, psoriasis, polymyalgia, rheumatic or similar.
- Currently unwell with a fever.
- Taking blood thinning medication or have a bleeding disorder.

Possible reactions to MMR immunisation

MMR immunisation is usually well tolerated. Possible reactions include pain, redness and/or swelling at the injection site for a day or two, a mild fever, muscle aches or headache within the first two days. In rare cases a mild rash and swollen glands may occur between five and ten days after immunisation. Rarely, an allergic reaction can occur.

You/the immunised person should remain under observation in case of an allergic reaction. You will be advised how long to wait, this could be up to 20 minutes

Talk to your healthcare professional about the benefits and possible risks. For more information

about the MMR vaccine, please refer to the consumer medicine information sheet located at www.medsafe.govt.nz

Recording MMR immunisation within the National Immunisation Register

The Ministry of Health keeps a centralised record of MMR immunisations so that authorised healthcare professionals can find out what immunisations have been given.

Te Kāwanatanga o Aotearoa
New Zealand Government



Vaccine Documentation (MMR)

Consent statements:

- I have read and/or have had explained to me information about the MMR vaccine, including how long to wait after the vaccination.
- I have had a chance to ask questions and they were answered to my satisfaction.
- I understand the benefits and possible risks of the MMR vaccine.

- I understand the side effects associated with this vaccine and have been told how to seek assistance if I experience symptoms that may be vaccine related.
- I consent to the MMR immunisation being given.
- I agree for this immunisation information to be shared with my/the immunised person's regular healthcare provider.

Signature _____ Date ____/____/____

Parent / legal guardian / enduring power of attorney

I am the parent, legal guardian or enduring power of attorney, and agree to the MMR vaccination of the person named above.

Name of parent or legal guardian _____ Phone _____

Relationship to person being vaccinated _____

Signature _____ Date ____/____/____

Vaccine documentation

Details confirmed Affirmative answer to any screening questions? Yes No

Post vaccination information given as part of consent process

Informed consent obtained? Yes No Date ____/____/____ Time _____

Record any specific information or advice given: _____

Vaccine

Name of vaccine	Batch	Expiry	Dose	Date	Time	Site
MMRII <input type="checkbox"/>			Dose 1 <input type="checkbox"/>			
Priorix <input type="checkbox"/>			Dose 2 <input type="checkbox"/>			
Diluent						

Vaccinator information

Vaccination site _____

Name _____

Signature _____

Supervising vaccinator*

Name _____

Signature _____
If relevant*

Observation period information

Details of any AEFI or observations recorded

CARM Report completed via the CARM website

Departure time _____

Observers signature _____