**MMR Consent Form**

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

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. We recommend 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 developing.**

The MMR vaccine 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 nurse if any further doses are required.**

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| --- | --- | --- |
| 1. Is the person receiving the vaccine unwell or had a high temperature today(38 degrees +)
 | Yes | No |
| 1. Does the person receiving the vaccine have any allergies, If yes, please explain:
 | Yes | No |
| 1. Has the person receiving the vaccine had a blood transfusion or transfusion of any blood products or an injection of immunoglobulin in the past year?
 | Yes | No |
| 1. Is the person receiving the vaccine taking any sort of medicines or tablets prescribed by the doctor? If yes, please explain:
 | Yes | No |
| 1. Does the person receiving the vaccine have any medical condition that they see a doctor about regularly? If yes, please explain:
 | Yes | No |
| 1. Has the person receiving the vaccine had any vaccinations within the last month? If yes please list:
 | Yes | No |
| 1. MMR vaccine is not to be given in pregnancy. Is this a risk for the person receiving the vaccine?
 | Yes | No |

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| **Student/Parent/Caregiver:**I have read and understood the information including the risk of **myself/my child** not being immunised. I have been given the opportunity to discuss the risks and benefits of immunisation with the nurse. |
| I consent to **myself/my child** being immunised with the MMR vaccine and for the management of anaphylaxis  |
| I decline the MMR vaccine or will visit the family doctor |
| Name of person consenting: | Signature: |
| Date: | Verbal consent taken by: |
| **This young person aged under 16 years of age has been assessed as competent to consent by:** |

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| 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. |
| **Vaccinator:** |
| Date | Time |
| Vaccine (circle) | MMR11 | Priorix |
| Batch | Exp |  |
| Diluent | Exp |  |
| Site: Left Right Deltoid | Route: Sub-cut |
| Signature: |
| Person receiving vaccine unsure of vaccine status? | Yes | No |
| Consent to document on NIR | Yes | No |