

Measles, Mumps, Rubella Vaccine Consent Form

Employee/ Volunteer Information

Name: _____

	Yes	No
1. Have you ever had an allergic reaction to a vaccine or medication?	_____	_____
2. Are you pregnant?	_____	_____
3. Are you under a physician's care ?	_____	_____
4. Do you currently have a fever or viral illness?	_____	_____
5. Are you allergic to eggs?	_____	_____
6. Are you immunocompromised ?	_____	_____
7. Have you recently received any blood products/transfusions ?	_____	_____

Consent

I have reviewed the information on MMR vaccine (measles, mumps, rubella). I have been given the opportunity to ask questions and to have my questions answered. I understand the benefits and risks associated with this vaccine.

I understand that I should avoid becoming pregnant for 3 months following receipt of this vaccine. If I develop any side effects, I will report them to the designated medical care provider.

Signed: _____ Date: _____