

Measles, Mumps and Rubella (MMR) Immunisation Consent Form

Parent/guardian to complete

As part of the scheduled 5-19 Healthy Child immunisation programme we are offering pupils in school year 8 may not have completed their MMR course as a child, the opportunity to be protected against Measles, Mumps and Rubella.

Only two MMR immunisations are required for your child to be protected against these highly infectious diseases.

Further information can be found at <http://www.nhs.uk/conditions/vaccinations/pages/mmr-vaccine.aspx>

Please return the form to Childhood Immunisations to dhc.immsenquiries@nhs.net

Pupil details	
Surname:	First Name:
Date of birth:	GP Practice:
Gender:	NHS Number (if known)
School	Year group
Home address:	Contact phone numbers:
Please answer the following questions	
Has your child had a confirmed anaphylactic reaction to any previous Dose of measles, mumps or rubella containing vaccine? If so please give details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child had a severe local reaction to an immunisation? If so please give details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any allergies to eggs, neomycin or gelatine? If so please give details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any medical conditions that have affected their immune system? If yes please give details below	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any other vaccinations planned? ie. for travel purposes? (if yes please state vaccine and dates)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any religious/dietary/other reasons why a vaccine containing animal products derived from pork would be unacceptable? (please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional parent/guardian comments regarding any of the above.	
Consent	
MMR Immunisation History: (PLEASE TICK THE ONE THAT APPLIES TO YOUR CHILD)	
My child has had no MMR vaccinations at all and I consent to them having their first dose	<input type="checkbox"/>
I am unsure if my child has had any MMR vaccinations and I consent to them having their first dose	<input type="checkbox"/>
Name and signature of parent/guardian: <i>(with parental responsibility):</i>	Date:

Pre session eligibility assessment for MMR vaccination

Child eligible for vaccination: Yes No

Number of Doses required: 1 2

Assessment completed by: Designation: Date:

Comments:

School nurse use only

Eligibility assessment on day of vaccination.

These questions must be asked of every child and their responses noted (last question for females only)

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|---|------------------------------|-----------------------------|
| 1. Have you had any vaccinations in the last 4 weeks? If yes, which? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you had any illnesses today or a temperature over 38°C? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you take tablets or medicines on a regular basis? If yes which? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you had a severe local reaction to a previous immunisation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you have any allergies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Is there any possibility that you could be pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comments:

Vaccine details

MMR Dose 1 MMRVaxPRO / Priorix (specify)

Date:	Time:	Batch Number:	Expiry date:	Site – R/ L Deltoid
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Administered by:	Signed:	Comments:
Designation:		

MMR Dose 2 MMRVaxPRO / Priorix (specify)

Date:	Time:	Batch Number:	Expiry date:	Site – R/ L Deltoid
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Administered by:	Signed:	Comments
Designation:		