

Northwest Missouri State University
University Wellness Center
800 University Drive
Maryville MO 64468
Phone 660-562-1348

Measles, Mumps, and Rubella Vaccine Consent Form (MMR)

Name _____ 919 _____ Date ____/____/____

Male Female Date of Birth _____ Age _____ Phone _____

Home Address _____
Street City State Zip

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you allergic to any medications? If yes, please list | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you felt ill or run a fever in the past 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If female, are you or could you be pregnant at this time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you allergic to latex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently on steroids or chemotherapy, HIV positive, asplenic, or immunosuppressed for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you currently taking any medications? If yes, list | <input type="checkbox"/> | <input type="checkbox"/> |

Indications: MMR is indicated for immunization against measles, mumps, and rubella in persons 12-15 months of age or older.

Contraindications: (Do not take vaccine if one or more of these conditions exist)

1. People who have had allergic reactions to gelatin, neomycin, or a previous dose of MMR.
2. People with cancer, with diseases or treatments that affect the immune system, with a low platelet counts, or recent transfusions.
3. Moderate or severe illness.
4. Women who are pregnant should not receive this vaccine. Women should not get pregnant for 4 weeks following vaccine.

I have read the above information and have had a opportunity to ask questions. I have read the Vaccine Information Statement "Measles Mumps & Rubella Vaccines And What You Need to Know" most recently published by the CDC. I understand the risks and benefits of the vaccine and consent to vaccination with the MMR vaccine. If I am a female, I certify that I am not pregnant at this time and I understand I should not become pregnant for 4 weeks following the vaccine.

Student Signature Date

DO NOT WRITE BELOW THIS LINE

Temp: _____ IM right Deltoid IM left Deltoid

Manufacturer/Lot No: _____ Exp. Date: _____

Nursing Signature: _____ Date: _____