

# Prince George County Virginia Fire & EMS

## Measles, Mumps, Rubella Vaccine Consent Form

**Member 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, and 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 4 weeks following each dose of this vaccine. If I develop any side effects, I will report them to the designated medical care provider.

Signed \_\_\_\_\_ Date \_\_\_\_\_