

Yuba College Health Center

Measles, Mumps, Rubella Vaccine Consent Form

Important Information

MEASLES (rubeola) causes rash, cough, running nose, eye irritation and fever. It can lead to ear infection, pneumonia, seizures, brain damage, and death.

MUMPS causes fever, headache, and swollen glands. It can lead to deafness, meningitis, painful swelling of the testicles or ovaries, and rarely death.

RUBELLA (German Measles) causes rash, mild fever, and arthritis (especially in women). If a women contracts rubella during pregnancy, this could result in a miscarriage or serious birth defects.

INDICATIONS:

MMR is indicated for simultaneous immunization against measles (rubeola), mumps, and rubella (German Measles), in persons 12-15 months of age or older.

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

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

ADVERSE REACTIONS (common):

1. Fever.
2. Mild rash.
3. Swelling of the glands in the cheeks or neck.
4. Temporary pain and stiffness in the joints.

I have read the above information and have had an opportunity to ask questions. I have read the Vaccine Information Statement "Measles Mumps & Rubella Vaccines What You Need to Know," publication date 1/15/03, by the Centers for Disease Control. I understand the risks and benefits of the vaccine and consent to vaccination with 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 four weeks following the vaccine. I agree to stay in Student Health for 20 minutes following my injection. I agree to hold Yuba Community College, Student Health Center and all of its employees harmless should an unforeseen or untoward event occur. **IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE YUBA COMMUNITY COLLEGE BOARD OF TRUSTEES, ITS INSTRUCTORS, AGENTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL OR BODILY INJURY, OR WRONGFUL DEATH CAUSED FROM THE ADMINISTRATION OF THE MEASLES, MUMPS, RUBELLA VACCINE.** I hereby CONSENT to receive this vaccine.

Signature

Date

Signature of parent or guardian (if student is under 18)

Date

Witness

Date