Immunisation Consent Form

Consent form to offer children and adults MMR (Measles, Mumps and Rubella) catch up vaccination and in the event of an outbreak

Version 2.0 June 2024

For Office Use Only PID:

Who can consent to an MMR Vaccine?

Please note only a parent or legal guardian can consent or refuse consent for young people under 16 years of age. Read more about consent on the HSE website https://bit.ly/ConsentU16. Young people aged 16 years or older are legally entitled to consent for themselves.

Section 1: Personal Details

Complete this part for the person getting vaccinated (PLEASE USE BLOCK CAPITALS)

Forename:

Middle name:

Surname (Family Name):

Otherwise known as:

Personal Public Service Number (PPSN):
This field is not mandatory

Date of Birth: D D M M Y Y Y Y

Gender: Male Female

Mother's Surname at Birth:

Address:

Eircode: County:

Daytime phone: Mobile No.:

Email:

Ethnic or cultural background:

A. White

A.1 Irish

A.2 Irish Traveller

A.3 Roma

A.4 Any other White Background

B. Black or black irish

B.1 African

B.2 Any other Black background

C. Asian or asian irish

C.1 Chinese

C.2 Indian/Pakistani/Bangladeshi

C.3 Any other Asian background

D. Other, including mixed group/background

D.1 Arab

D.2 Mixed, write in description

Description

D.3 Other, write in description

Description

E. Prefer not to say

E.1

Country of Birth:

If you are completing this form for someone who is 15 years of younger please complete contact information on page 3.

Immunisation Consent Form

Consent form to offer children and adults MMR (Measles, Mumps and Rubella) catch up vaccination and in the event of an outbreak

Version 2.0 June 2024

Please complete Section 2 **AND**

Complete Section 3 if you are consenting for someone who is 6 months to less than 12 months old.

Complete Section 4 if you are consenting for someone who is 10 years or older (or you are consenting for yourself)

AND Complete Section 5 to give consent for vaccination.

Section 2: Please answer the following questions with a yes or no answer

Complete this part for the person getting vaccinated (PLEASE USE BLOCK CAPITALS)

Have you/your child had any serious illness? **Yes** ○ **No** ○

If yes, please detail _____

Are you/your child currently taking any medication? **Yes** ○ **No** ○

If yes, please detail _____

Have you/your child ever had a severe reaction to anything including medication or vaccines? (including anaphylaxis) **Yes** ○ **No** ○

If yes, please detail _____

Have you/your child had any illness or condition that increases risk of bleeding? **Yes** ○ **No** ○

If yes, please detail _____

Have you/your child received any vaccines in the past month? **Yes** ○ **No** ○

If yes, please detail _____

Have you/your child received MMR vaccine for travel/outbreak? **Yes** ○ **No** ○ **Do not know** ○

If yes, at what age? _____

Have you/your child received MMR vaccine at 12 months or older? **Yes** ○ **No** ○ **Do not know** ○

If yes, how many doses? _____ At what age did they receive each dose? _____

If completing for a child, is your child in junior infants in Ireland? **Yes** ○ **No** ○

Have you/your child received a 2nd MMR vaccine in Ireland or an MMR vaccine received elsewhere? (usually given in junior infants in Ireland) **Yes** ○ **No** ○

If yes, at what age? _____

Immunisation Consent Form

Consent form to offer children and adults MMR (Measles, Mumps and Rubella) catch up vaccination and in the event of an outbreak

Version 2.0 June 2024

Section 3: Please fill this section if you are consenting for an infant who is 6 months to less than 12 months ONLY

Complete this part for the infant getting vaccinated

Was the infant's mother treated with a medication called infliximab during pregnancy? **Yes** ○ **No** ○

Is the infant breastfed *and* the mother is currently taking monoclonal antibody treatment (including infliximab) post-partum? **Yes** ○ **No** ○

If the infant's mother was treated with a medication called infliximab during pregnancy **or** if the infant is breastfed *and* the mother is currently taking monoclonal antibody treatment (including infliximab) post-partum, please complete the following question.

Has the mother's treating specialist advised that the infant can receive the MMR vaccine? **Yes** ○ **No** ○

Section 4: Please fill this section for people aged 10 years and older including adults ONLY

Complete this part for the person getting vaccinated

Are you/your child pregnant? **Yes** ○ **No** ○

MMR vaccine is not recommended in pregnancy.
Pregnancy should be avoided for one month after receiving MMR vaccine.

Privacy Statement

Privacy Statement: HSE staff are aware of their obligation under the Data Protection Acts, 1988-2018 (including GDPR). The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes and provide health care.

For Office Use Only

NOTES:
FOR OFFICE USE ONLY

Immunisation Consent Form

Consent form to offer children and adults MMR (Measles, Mumps and Rubella) catch up vaccination and in the event of an outbreak

Version 2.0 June 2024

Section 5a: Parent/Legal Guardian details for people 15 years and younger

If you are completing this form for someone who is 15 years of younger please complete the following

Parent/Legal Guardian

First name:

Surname:

Daytime phone: Mobile No.:

Section 5b: Vaccination Consent

Sign this section and put an X in each box if you give consent for vaccination.

MMR (measles, mumps and rubella)

- **I understand that I am giving consent for administration of MMR vaccine to protect me/my child from a vaccine preventable disease.**
- **I have read and understand the accompanying vaccine information, including known side effects.**
- **I understand that MMR vaccine is not recommended during pregnancy.**
- **I understand that pregnancy should be avoided for 1 month after MMR vaccination.**
- **I understand that the vaccinator will tell me how many doses of MMR Vaccine are needed.**

Signature:* Consent Date:

I confirm by signing this form for someone under 16 years* that I am authorised to give consent on behalf of the above named child. (Those aged 16 years or older are legally entitled to consent for themselves).

For Office Use Only

PID:

Vaccine Name & Manufacturer	Vaccine Type	Date Given (DD/MM/YYYY)	Stage/Dose Number	Batch Number	Expiry Date Month/Year	Injection Site

Prescriber Signature:

PIN/MCRN:

Vaccinator Signature:

PIN/MCRN:

GP Practice/HSE Clinic/Hospital Name, Address, or Stamp

GP PCI Contract/PCRS ID