



# 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 1.0 February 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:         Gender: Male  Female

Mother's Surname at Birth:

Address:

Eircode:  County:

Daytime phone:  Mobile No.:

Email:

Ethnic or cultural background: *This field is not mandatory*

- |  |   |
|--|---|
| A. White (Irish, Irish traveller, Roma, Ukrainian, any other White background) <input type="radio"/> | C. Asian or Asian Irish (Chinese, any other Asian background) <input type="radio"/>                 |
| B. Black or Black Irish (African, any other Black background) <input type="radio"/>                  | D. Other, including mixed background (Arabic, any other write in description) <input type="radio"/> |

Description:

Country of Birth:   
*This field is not mandatory*

**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.:



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Please complete Section 2 **AND**

Complete Section 3 if you are consenting for someone who is 10 years or older (or you are consenting for yourself)

**AND** Complete Section 4 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

**Has 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?

**Have/you your child received MMR vaccine for travel/outbreak?**

Yes

No

Do not know

If yes, at what age?

**Is your child in junior infants in Ireland?**

Yes

No

**Has 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?



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## Section 3: 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.**

## Section 4: 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).**

## 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.



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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

**NOTES:  
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