



**MSM Clinical Affairs  
Student Health and Wellness Center  
455 Lee Street 3<sup>rd</sup> Floor Suite 300-A  
Atlanta, Ga. 30310  
404-756-1241**

**MEASLES, MUMPS, AND RUBELLA VACCINATION CONSENT FORM**

**MMR** – is a live virus vaccine for immunization against measles (Rubeola), mumps, and rubella (German measles). Adults born in or after 1957 need two doses of MMR.

**THE VACCINE** – the reconstituted vaccine is for subcutaneous administration. The dose for injection when reconstituted as directed is 0.5ml. Vaccine induced antibody levels have been shown to persist up to 11 years without substantial decline.

**ADVERSE REACTIONS** – possible burning and/ or stinging of short duration at the injection site. Other adverse reactions may include malaise, sore throat, cough, rhinitis, headache, dizziness, fever, rash, nausea, and vomiting or diarrhea.

**CONSENT**

Print name: \_\_\_\_\_

I \_\_\_\_\_ authorize Morehouse Healthcare, Student Health and Wellness Center to administer the MMR vaccine to me. I have read the above information and understand the risks and possible adverse reactions of the drug. The proposed procedure has been satisfactorily explained to me and I have all the information I desire. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained and will not hold MOREHOUSE SCHOOL OF MEDICINE responsible for any untoward effects.

**Dose** \_\_\_\_\_

**Lot#** \_\_\_\_\_

**Exp** \_\_\_\_\_

**Site** \_\_\_\_\_

**HCP signature** \_\_\_\_\_

**Date** \_\_\_\_\_