

# COMMUNITY PHARMACY MMR PRE-VACCINATION CHECKLIST AND CONSENT FORM



care + advice

## Patient / Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ NHI (if known): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity:  NZ European  Maori  Samoan  Cook Island  Tongan  Niuean  
 Chinese  Indian Other (please state): \_\_\_\_\_

Name of Guardian (if applicable): \_\_\_\_\_

Your Doctor's name and surgery: \_\_\_\_\_

## For Pharmacist Vaccinator Use Only

PRE-VACCINATION CHECKLIST TO ASK PATIENT	YES	NO	DECISION MAKING RATIONALE
Are you younger than 16 years or older than 49 years?			If YES to younger than 16 years of age, then refer to GP. If YES to older than 49 years, then vaccination is not required as individuals born before 1969 are considered immune. Refer to screening tool for detailed information and rationale.
Are you currently pregnant or considering pregnancy?			If YES to being pregnant, the MMR vaccine should not be given to pregnant women. If YES to trying to get pregnant, the woman can be vaccinated and should be advised that pregnancy should be avoided for 4 weeks after vaccination.
Are you feeling unwell today, with a high temperature?			If YES, monitor the temperature of the individual. The MMR vaccine can be administered if the individual is mildly unwell but afebrile, i.e. temperature <38°C.
Have you ever had a measles or MMR vaccination before?			If YES, establish if one dose or two doses were given and when they were given. If the individual cannot remember or there is no documented record of prior MMR vaccinations at the individual's GP, then the MMR vaccine can be administered as there are no safety concerns to have more than two doses. Refer to screening tool for detailed information and rationale.
Have you ever had a previous severe reaction to any vaccine or vaccine components?			If YES, establish the vaccine and severity of reaction - depending on the severity the individual may need to be referred to their GP. The MMR vaccine contains trace amounts of egg protein, however egg allergy, including anaphylaxis, is not a contraindication to measles-containing vaccines. Refer to screening tool for detailed information and rationale.
Have you had any other vaccines in the last 4 weeks?			If YES, establish which vaccine and when it was given. Refer to screening tool for detailed information and rationale.
Have you ever had a serious allergic reaction from any cause (excluding insect bites and bee stings)?			If YES, establish the cause and the severity - depending on the severity the individual may need to be referred to their GP.

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<p>Have you in the last 12 months taken or are currently taking any medications or receiving any treatments that could affect your immune system, such as:</p> <ul style="list-style-type: none"> <li>• Oral steroids for asthma or COPD</li> <li>• Medications for treatment of cancer</li> <li>• Medication for treatment of rheumatoid arthritis, multiple sclerosis, Crohn's disease, ulcerative colitis, psoriasis, sarcoidosis, TB or polymyositis</li> </ul>			<p>If YES, consult the attached IMAC Factsheet "Diseases and medications when live vaccines may be contraindicated" for details on specific medicines and timing of the MMR vaccine, or alternatively refer to GP.</p> <p>Vaccination with a live vaccine, such as the MMR vaccine, may be contraindicated or require a specialised opinion in individuals who have taken or currently taking certain medicines.</p>
<p>Do you have or have ever had cancer, leukaemia, lymphoma, a transplant, stem cell therapy, TB or any condition that affects your immune system (including HIV/AIDS)?</p>			<p>If YES, refer individual to their GP or Specialist to obtain a specialist opinion.</p> <p>Refer to screening tool for detailed information and rationale.</p>
<p>Have you received any blood products in the last 12 months, or are due to receive blood products, e.g. blood transfusion or immunoglobulin?</p>			<p>If YES, refer individual to their GP as administration of the MMR vaccine may need to be deferred due to receipt of blood product.</p>

## Possible Reactions to the MMR Vaccination

The MMR vaccination is usually well tolerated. Possible reactions include redness, tenderness or swelling at the injection site for one to two days, mild fever, muscle or joint aches or tiredness. These are the body's normal response to immunisation. Rarely, a high fever, rash, swollen glands or joint pains may develop 1-3 weeks after immunisation. This will resolve after a day or two and is not infectious. Very rarely an allergic reaction can occur and your Pharmacist Vaccinator is trained to deal with this in the unlikely event it occurs.

## Patient Consent

The Ministry of Health keeps a record of certain vaccinations on the National Immunisation Register (NIR) so that authorised health professional can find out what vaccines have been given. If you do not want your vaccination recorded on the National Immunisation Register, please advise your Pharmacist.

I have read or have had explained to me information about the measles vaccination, and I have had a chance to ask questions that were answered to my satisfaction. I understand getting a vaccination is my choice. I agree to get the vaccination and that it is recommended that I wait here for 20 minutes after my vaccination.

I consent to the information being given to my healthcare provider to update applicable records:

Patient / Guardian's Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

## Vaccination Record (for Pharmacy Use Only)

Name of Pharmacist Vaccinator: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

MMR Vaccine Used: **PRIORIX®**  
(circle one used) **M-M-R® II**

Batch number: \_\_\_\_\_  
Expiry: \_\_\_\_\_

Administration Date: \_\_\_\_\_ Administered SC in deltoid: Left Arm / Right Arm (circle one)

Time of Administration: \_\_\_\_\_ 20 mins Wait Completed At: \_\_\_\_\_