



Bethesda Care Arrow Springs
 Phone: 513-282-7075
 Fax: 513-282-7076

Bethesda Care Butler County
 Phone: 513-874-3990
 Fax: 513-860-5071

Bethesda Care Eastgate
 Phone: 513-752-3695
 Fax: 513-752-3039

Bethesda Care Norwood
 Phone: 513-731-3399
 Fax: 513-731-2882

**Occupational
 Medicine
 Services**

Bethesda Care Queensgate
 Phone: 513-241-4135
 Fax: 513-241-6510

Bethesda Care Sharonville
 Phone: 513-563-1505
 Fax: 513-769-4776

Good Samaritan
 Phone: 513-862-2875
 Fax: 513-862-2860

MMR VACCINATION QUESTIONNAIRE & ADMINISTRATION RECORD

	YES	NO
Have you ever had a life-threatening allergic reaction to eggs, gelatin, neomycin or a previous dose of MMR vaccine?		
Are you pregnant or suspect that you are?		
Are you on any chemotherapeutic agents?		
Are you immunodeficient?		
Do you have a fever?		
Do you have a history of cerebral injury or convulsions?		

Reviewed by: _____

Vaccine to be given:

- MMR
- Measles
- Rubella

"I have read or have had explained to me the _____ (date) VIS information about measles, mumps, and rubella diseases and MMR, Measles, and Rubella vaccines. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the MMR, Measles, and Rubella vaccines and ask that the vaccine checked above be given to me.

"I understand that this vaccine is contraindicated during pregnancy. I am currently not pregnant and will not become pregnant within the next three months in order to receive this vaccine."

 (patient's initials)

Name: _____ Birthdate: _____ Age: _____

Address: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Vaccine Manufacturer: _____

Vaccine Lot Number: _____ Expiration Date: _____

Dosage, Route & Site of Injection: _____

Administered By: _____ Date: _____

Adverse reaction after 15 minute wait: Yes _____ No _____