Measles, mumps, and rubella are highly contagious viral diseases. You can catch them if you are exposed to the coughs and sneezes of an infected person. Most people recover fully from measles, mumps, and rubella. However, when you do develop complications, they can be very serious. People still die from measles. Vaccination will protect you against all three diseases.

**Facts about measles**
- **Common symptoms** - fever, red blotchy rash which begins on the face and then becomes generalized, runny nose, cough, and sore red eyes.
- **Complications** - Pneumonia, encephalitis, otitis media, croup, diarrhea.

**Facts about mumps**
- **Common symptoms** - fever, headache, swelling and tenderness of the salivary glands.
- **Complications** - painful swelling of the testicles affects about one in five adolescent and adult men. This may (in rare cases) lead to infertility. Mumps infection can cause permanent deafness.

**Facts about rubella**
- **Common symptoms** - rash, swollen glands, malaise.
- **Complications** - if you develop rubella while pregnant, your baby could be born with birth abnormalities including deafness, blindness, heart defects and intellectual disabilities.

**One vaccine for all three diseases**
The combined measles, mumps and rubella vaccine (MMR) is given at each of the following times:
- 12 months of age
- Four years of age
- Before you become pregnant, if blood tests show you are not immune to rubella.
- Adults born during or since 1966 should have evidence of having received two doses of MMR.

The vaccine is given by injection and is very effective. Ninety percent or more of people who get the shot will have protection for life.

At CIH, we follow the recommendations of the United States Public Health Service and Centers for Disease Control. Therefore, new employees born after January 1, 1957 shall provide documentation of receipt of two doses of measles, mumps, and rubella vaccination. If documentation can not be located documentation of laboratory evidence of immunity or physician statement of diagnosed disease will be accepted.

It was noted that people born after January 1, 1957 are at higher risk for Rubeola (measles) infection. For a variety of reasons, those vaccinated before 1980 may not be immune. Those vaccinated from 1963 through 1967 were vaccinated with dead virus measles vaccine. Initially, the vaccine provided good immunity, but later, the vaccine lost its protective effect. As a result these individuals are at risk for developing atypical measles, a more severe form of measles.

**Pregnancy**
You should not be given the vaccine if you are already pregnant and pregnancy should be avoided for four weeks after the vaccination.

**Vaccine side effects are less serious than the disease**
Possible side effects include:
- Feeling unwell - this is the most common side effect.
- Low grade fever and rash which occurs six to 11 days after the injection
- Mild facial swelling about three weeks after the injection.

Serious complications, such as inflammation of the brain, are very rare and probably only affect one in two million people, or less.
CIH Employee Health Services
Consent for Measles, Mumps and Rubella Vaccination

This vaccination is given by injection and is very safe and effective. With any vaccine or drug, there is a possibility that an allergic or other more serious reaction.

I have read or have had explained to me the information on the current Vaccine Information Statement on Measles, Mumps, and Rubella. I am receiving the immunization against these diseases and am aware of possible side effects from the vaccine.

For Females Only:
I understand that this vaccine is not to be administered during pregnancy since there is a possibility of rubella vaccine causing birth defects to the baby if I am or become pregnant in the first four weeks following administration of the vaccine.

To my knowledge, I am not pregnant now. I have been advised not to become pregnant and to use an effective method of contraception for four weeks after receiving the vaccine.

Please Answer The Following Questions:
1. Have you had a life-threatening allergic reaction to eggs or Neomycin? Yes  No
2. Have you ever had a life-threatening allergic reaction to gelatin? Yes  No
3. Have you received immune serum globulin (gamma globulin) within the preceding three months? Yes  No
4. Do you have cancer, leukemia, or lymphoma? Yes  No
5. Do you have any disease that lowers your body’s resistance to infection? Yes  No
6. Are you taking medication that lowers your resistance to infection? (i.e. Cortisone, Prednisone, Chemotherapy agents.) Yes  No
7. Are you currently pregnant or plan to become pregnant in the next four weeks? Yes  No
8. If female, what is the date of your last menstrual period? _______________________.

I, _______________________________ have read the vaccine information or have had the information explained to me. I have had a chance to ask questions and these have been answered to my satisfaction. I understand the benefits and risks of the MMR vaccine and request that the MMR vaccine be administered to me.

_________________________________ Date of Birth ____________________________  
Signature Date

Measles, Mumps, and Rubella Virus Vaccine, MSD, MMRII,) 0.5 ml. Given Sub-q

Lot #/Exp. Date ________________________/____________________ Site: ______________________________
Manufacturer: ________________________________________________

_________________________________ Date
Employee Health Services Staff  Signature
CIH Employee Health Services
Measles, Mumps and Rubella- Employee History/Waiver

Name ________________________________ Date __________________________
(Please print)

Department __________________________ Employee # _____________________

Disease History - (Please choose all that apply to you.)

I am immune to Measles by having the disease as a child/adolescent ________________.
(Approx. date)

I am immune to Mumps by having the disease as a child/adolescent ________________.
(Approx. date)

I am immune to Rubella by having the disease as a child/adolescent ________________.
(Approx. date)

________________________________________
Employee Signature

(If you have not had all of the diseases you will need to provide proof of vaccination or serology testing.)

Immunization Waiver - (Please print your name in #1 OR #2.)

1. I, __________________________ did have a Measles, Mumps and Rubella vaccination as a child but am not able to provide documentation. You do have documentation of my 2nd vaccination on record. I am declining the vaccine by signing below.

2. I, __________________________ have read the vaccine information or have had the information explained to me. I have had a chance to ask questions and these have been answered to my satisfaction. I understand the benefits and risks of the MMR vaccine and understand that if I am exposed I WILL NOT be able to have direct patient contact for possibly 26 days or more and hereby decline the Measles, Mumps, and Rubella Vaccine due to personal health or religious reasons, due to a vaccine allergy, or have had a history of the disease.

________________________________________
Employee Signature