

MMR Vaccine

It is a **vaccine that contains live, attenuated viruses**, which is administered subcutaneously to prevent three diseases caused by viruses: measles, rubella and mumps.

Measles is a highly contagious infectious disease that can be very serious in children and adults. It can lead to complications such as otitis, pneumonia or encephalitis.

Rubella, also known as German measles, is usually mild and may pass unnoticed. However, when a pregnant woman is infected, it is dangerous for the unborn baby, since it may develop congenital rubella syndrome, which can affect all of its organs or lead to premature delivery or stillbirth.

Mumps is characterized by the swelling of one or more of the salivary glands, generally the parotid glands. It is usually benign but complications can sometimes occur, the most common being orchitis (inflammation of the testicles) in adolescent boys and oophoritis (inflammation of the ovaries) in girls.

In Catalonia a first dose is routinely administered at the age of 12 months with a second dose given in school to 4 year old children. Adults, especially women of childbearing age, should receive **two doses**, with an interval of 4 weeks between them.

Adverse effects of the vaccine

In most cases the vaccine does not cause any reactions. There can sometimes be mild reactions such as pain and redness at the puncture site, fever or a rash that disappears after a few days. If you are a woman of childbearing age, you need to know that you cannot be vaccinated if **you are pregnant or may become pregnant during the month following administration** of the vaccine,

as it can cause congenital malformations in your child. **It is important that you accept this condition.**

Informed consent

I have been informed of the risks of rubella vaccine. I declare that I am not pregnant at present and I agree to use appropriate contraception during the one month subsequent to administration of the MMR vaccine. Likewise, I take full responsibility if pregnancy should occur.

Name of the patient:

ID No. (DNI/NIE):

Name of the clinical professional administering the vaccine:

Site of vaccination:

Date of vaccination:

YES, I authorize that the MMR vaccine be given to me.

NO, I do not authorize that the MMR vaccine be given to me.

Signature
of the clinical professional

Signature
of the patient