

MMR Vaccination 2006-2007

(734) 477-7229 or (888) 547-7295



Tax ID: 38-2693137
 Procedure Code: 90707
 Administration Code: 90471
 ICD - 9 Code: V06.4
 Vaccination Fee: \$82.00

(please print)

Name _____ Date of Birth _____ (M) or (F) Weight _____
Last Name First Name MI

Local Address _____ Local Telephone No. _____
Street Apt. #

_____ UofM ID # if not UofM student, enter school name
City State Zip

COMPLETE THIS FORM ONLY IF YOU ARE REQUESTING VACCINATION. If you have been immunized against measles, mumps and rubella (MMR) in the past 5 years, you should consult your doctor before getting immunized again. Please answer the following questions by checking YES or NO.

<p>1. Are you sick today or are you running a temperature of 101° F or over? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you allergic to any one of the following: ▪ gelatin, neomycin, or sorbitol? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ thimerosal (in some prescription eye/ear drops, topical medicines and vaccines)? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Benadryl or epinephrine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you taking any medications including antibiotics (other than birth control)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please specify:</i> _____</p> <p>4. Have you ever had a <u>severe</u> allergic reaction to <u>anything</u> (taken medication/gone to hospital)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Do you have any drug allergies or have you had adverse reactions to drugs or other vaccines? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please specify:</i> _____</p>	<p>6. Are you pregnant, or are you planning on becoming pregnant within one month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you recently received antibody containing blood products? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have a known immune deficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please indicate the cause:</i> <input type="checkbox"/> Disease <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/> Steroids <input type="checkbox"/> Other _____</p> <p>9. Do you have a chronic illness (thrombocytopenic purpura)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please describe:</i> _____</p> <p>10. Have you had another immunization in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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PATIENT CONSENT		FOR CLINIC USE
I have read the information sheet about measles, mumps and rubella (MMR) vaccine. I have had a chance to ask questions which were answered to my satisfaction. The information I have provided above is correct and true to my knowledge. I believe I understand the benefits and risks of MMR vaccination and request that the vaccine be given to me or to the person listed below, for whom I am authorized to make this request. I agree that a copy of this form may be forwarded to my school's health service for inclusion in my student file. If my original method of payment is rejected, I agree to be personally responsible for full payment.		
_____ Signature of person to receive vaccine (see below if under 18 years old)	_____ Date	Subcutaneous (SC) Posterolateral section of upper arm <input type="checkbox"/> Left <input type="checkbox"/> Right Immunization Site
_____ Signature of person authorized to make this request for patient listed above if patient is under 18 years of age		<input type="checkbox"/> I have been provided with a copy of the Notice of Privacy Practice.
		Merck Manufacturer & Lot No. _____ Immunization Provider

To Be Completed by MVN Registrar. Please have your payment ready.

Cash, Check, Credit Card or UM Student Account is accepted. MVN does NOT bill insurances for this vaccination. Patient may seek reimbursement from their insurance. MVN does NOT guarantee reimbursement.

FEE PAID \$ _____
 Cash Check Credit Card UM Student Acct

Approved Temperature Not Approved Referred