麻疹、腮腺炎、德國麻疹混合疫苗(MMR)接種須知及同意書

麻疹、腮腺炎、德國麻疹混合疫苗(MMR)是用來預防麻疹、腮腺炎、德國麻疹的活性減毒疫苗，其預防效果平均可達 95%以上，並可獲長期免疫。接種 MMR 疫苗後除了可能會有一般疫苗常見的紅、腫、痛等局部反應外，發生嚴重不良反應的機率極低。經醫師評估有接種禁忌者，得免接種。

MMR 疫苗接種禁忌，包括：

- ✧ 已知對「蛋」之蛋白質或疫苗的成份有嚴重過敏者，不予接種。
- ✧ 孕婦。
- ✧ 已知患有嚴重免疫缺失者（包括嚴重免疫不全的愛滋病毒陽性個案、先天性免疫缺失症與白血病、淋巴癌等惡性腫瘤病人或接受化療、免疫抑制藥物治療及高劑量類固醇者）。

麻疹、腮腺炎、德國麻疹混合疫苗接種同意書

請詳閱麻疹、腮腺炎、德國麻疹混合疫苗(MMR)接種須知，並填妥意願書，經醫師評估後接種。

接種者姓名：_____

□本人、□家屬、□見證人_____已瞭解此項疫苗之保護效果、副作用及禁忌，並決定**同意接種**；

簽名：_____

日期：_____

Measles, Mumps and Rubella (MMR) Vaccine Information Statement and Consent Form

Measles, mumps, and rubella (MMR) vaccine is a live attenuated vaccine and can protect children and adults from all three of these diseases. Its protection efficiency is about 95% and for long term.

The common side effects of the MMR vaccine include redness, swelling, and pain at the injection site. The possibility of developing adverse reactions is extremely low.

MMR vaccine contraindications are as follows:

✧ Someone who has known severe allergies to egg protein or the vaccine component shall be exempt from vaccination.

✧ Pregnancy.

✧ Someone who has known severe immuno-deficiency, including AIDS patients with severe immuno-deficiency, individuals with congenital immuno-deficiency, patients with malignant tumor such as leukemia, lymphoma etc., and patients receiving chemotherapy, immunosuppressive drug, or high-dose steroids.

【INFORMED CONSENT FOR MMR VACCINATION】

Please read the MMR vaccine information statement carefully, fill out this consent form and receive the vaccination after being evaluated by a doctor for vaccination eligibility.

Name of the vaccine receiver:_____

☐myself ☐family member/parent/legal guardian ☐witness_____ understands the efficacy, side effects and contraindications of the MMR vaccine, and decides to **give consent** for the administration of the MMR vaccine.

Signature:_____

Date: _____/_____/_____