

## Texas Department of State Health Services Addendum to Measles, Mumps, and Rubella Vaccine Information Statement

- 1. I agree that the person named below will get the vaccine checked below.
- 2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine listed above.
- 3. I know the risks of the disease this vaccine prevents.
- 4. I know the benefits and risks of the vaccine.
- 5. I have had a chance to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given.
- 6. I know that the person named below will have the vaccine put in his/her body to prevent the disease this vaccine prevents.
- 7. I am an adult who can legally consent for the person named below to get the vaccine. I freely and voluntarily give my signed permission for this vaccine.

iccine to be given	Measles	ivicusies,	Mumps, and		Rubel	lla
Information about p	erson to receive vacci	ne (Please p	rint)			For Clinic/Office Use
Name: Last	First		Middle Initial	Birthdate (mm/dd/yy)	Sex (circle one)	Clinic/Office Address:
					M F	Date Vaccine Administered:
Address: Street		City	County	State <b>TX</b>	Zip	Vaccine Manufacturer:
Signature of person to	receive vaccine or per	son authorize	ed to make the requ	nest (parent or	guardian):	Vaccine Lot Number:
x				_ Date		Site of Administration:
						Signature of Vaccine Administrator
Witness				_ Date		Title of Vaccine Administrator:
PRIVACY NOTIFICATION	N - With few exceptions	you have the r	ight to request and be	e informed about	information th	at the State of Texas collects abou

you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Privacy Notice: I acknowledge that I have received a copy of my immunization provider's HIPAA Privacy Notice.

**Notice:** Alterations or changes to this publication is prohibited without the express written consent of the Texas Department of State Health Services, Immunization Branch.

Instructions: File this consent statement in the patient's chart.	