Please bring a signed copy of this consent form.

Measle Vaccination Questionnaire: Complete the form for each vaccine.

Student's First Name: _____ Surname: _____

Name of father/mother/guardian as per school records_____

Date of Birth: _____

Residence Address: _____

_____

_____

Phone/Mobile: _____

Email: _____

Registration No. as per the vaccination card issue by the hospital: _____

As your vaccinator does not always have access to your medical details, please answer the following questions to ensure it is safe for you to have your vaccination.

Questions:

	YES	NO
1. Are you well today?	☐	☐
2. Have you had been diagnosed with any ailment in the last 28 days?	☐	☐
3. Have you had any other vaccinations in the last 7 days?	☐	☐
4. Have you ever had a severe allergic reaction or anaphylaxis?	☐	☐
5. Do you suffer from a bleeding disorder or take any type of anticoagulant (blood thinner)?	☐	☐
6. Do you suffer from any condition, or take any medication or treatment, that may affect your immune system (eg. cancer, cancer treatments, high dose steroids, etc)	☐	☐
7. Are you taking any regular medication?	☐	☐
8. Did you take a COVID-19 vaccination in the past?	☐	☐

I declare that the above statements are true.

Parent/Guardian's Signature: _____ Date: _____

Full Name: _____ Mobile: _____

PARENT / GUARDIAN CONSENT FORM FOR MINOR TO RECEIVE MEASLES VACCINE

I, ……., being the parent / guardian / authorised representative authorized to consent for Measles vaccination for the minor child listed below, hereby give my informed consent and permit authorized medical team of Bidhannagar Municipal Corporation (BMC) to administer the Measles vaccine to my child.

I understand that following the delivery of the vaccine, BMC will observe my child for a 30-minute period to monitor for an adverse reaction if the minor is unaccompanied. In case of a reaction, the attendant (parent /guardians/authorised representative) shall be responsible to arrange medical care of the minor.

I fully understand that this is a voluntary service as part of its community service initiative and I will not hold the school responsible for any eventuality of any adverse event following vaccination.

I further acknowledge that this consent may be verified either in person or verbally over telephone before the vaccine is administered if there are queries.

I understand the benefits and risks of vaccination and I give permission for my child to be vaccinated.

Details:

- Name of Minor receiving vaccine: ……
- Name of School: …….
- Name of Parent / Guardian / Authorised Representative: ……..
- Contact No. of Parent / Guardian / Authorised Representative: ……..

Signature of Parent / Guardian / Authorised Representative: …….

Date: ……