



IMMUNIZATION CONSENT FORM
for the combined vaccine against measles, mumps and rubella

Name: _____ Social security number: _____

School: _____ Class: _____

YES, I give my consent for my child to be vaccinated.

NO, I do *not* give my consent for my child to be vaccinated.

	YES	NO
-Has the child been given any vaccine during the last 4 weeks? If yes, what vaccine and when?: _____	<input type="checkbox"/>	<input type="checkbox"/>
-Is the child severely allergic to anything? If yes, to what?: _____	<input type="checkbox"/>	<input type="checkbox"/>
-Has the child ever had a severe allergic reaction to a vaccine? If yes, what symptoms did the child get?: _____	<input type="checkbox"/>	<input type="checkbox"/>
-Does the child have a chronic disease? If yes, which one?: _____	<input type="checkbox"/>	<input type="checkbox"/>

This form is to be signed by both guardians if the custody is not joint!

Signature guardian 1 Clarification of signature Cellphone number Date

Signature guardian 2 Clarification of signature Cellphone number Date

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