



Administration (or supply) of MMRVaxPRO® under Patient Group Direction

Pharmacy Name : Pyramid Pharmacy

Address : 413 Hoe Street, E17 9AP

Patient details

First Name : Surname :

Address :(no regular address [])

Post code :

DOB : Gender : NHS No :

Ethnicity (print separately):

Tel : Mobile : Email :

GP :

Patient Consent : I have had a consultation with the pharmacist and consent to receive the MMRVaxPRO®.I also have had an opportunity to ask any questions regarding the consultation.

Signed:.....

Date :.....

Reason for inclusion

Patients from 9 months of age

Patient medication and comments

Reasons for exclusions

All vaccines are contraindicated in those who have had: - A confirmed anaphylactic reaction to a previous dose of a vaccine containing the same antigens, or - A confirmed anaphylactic reaction to another component contained in the relevant vaccine, e.g. neomycin, streptomycin or polymyxin B (which may be present in trace amounts in some vaccines): check the SmPC for the individual vaccine to confirm excipients.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evolving neurological condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patients with Impaired immunity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post-exposure prophylaxis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experiencing an illness with fever over 38.5°C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who have had a confirmed anaphylactic reaction to any component of the vaccine, including neomycin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
With a history of anaphylactic, anaphylactoid, or other immediate reactions to egg	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Who have primary, or acquired immunodeficiency due to conditions such as: acute and chronic leukaemias; lymphoma; other conditions affecting the bone marrow or lymphatic system; immunosuppression due to HIV/AIDS; cellular immune deficiencies. In severely immunocompromised individuals inadvertently vaccinated with measles-containing vaccine, measles inclusion body encephalitis, pneumonitis, and fatal outcome as a direct consequence of disseminated measles vaccine virus infection have been reported	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who are receiving immunosuppressive therapy including high-dose corticosteroids (see below for note on low-dose immunosuppressive therapies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who have an active untreated TB infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who are pregnant or breastfeeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
With blood dyscrasias	<input type="checkbox"/> Yes	<input type="checkbox"/> No
With current thrombocytopenia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
With a family history of congenital, or hereditary immunodeficiency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
With an individual, or family history of convulsions, or a history of cerebral injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patients with rare hereditary problems of fructose intolerance (the vaccine contains sorbitol)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immune globulin (IG) is not to be given concomitantly with MMR. Administration of immune globulins concomitantly with MMR may interfere with the expected immune response. Vaccination should be deferred for at least 3 months following blood or plasma transfusions, or administration of human immune serum globulin. Administration of measles, mumps, or rubella antibody-containing blood products, including immune globulin preparations, should be avoided within 1 month after a dose of MMR	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Administration Details				
Product Name	Batch No	Expiry date (MM/YYYY)	Route of administration (Oral, Left arm, Right arm, etc)	Date & Time

Premise: Pharmacy other via sonar authorisation

Name of Pharmacist : Signature :