



INFORMED CONSENT (Inglés)

I, the undersigned, Ms....., with ID Card/Passport/Residence Card Number....., do hereby declare that I have been duly informed by the health professionals at the.....Health Centre regarding the MMR (Measles, Mumps and Rubella) vaccine, the possible side-effects that I might experience in the event of being pregnant, and that I must not get pregnant for 4 weeks after getting the vaccine.

All my queries on the subject have also been responded to in a timely and efficient manner.

I therefore, having been duly informed, wish to receive the above-mentioned vaccine.

.....on the.....of200... .

Signed:

Important: in the case of persons under the age of 18, this document must also be signed by their father, mother or their legal guardian.