

**Proof of immunity to Measles Mumps and Rubella Form**

Section to be completed by candidate

Personal Information			
Title: Mr, Mrs, Ms, Miss, Dr	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

**Section to be completed by Health Care Professional (immunity cannot be self declared)**

Personal Information			
Title: Mr, Mrs, Ms, Miss, Dr	Surname	First names	GMC OR NMC PIN Number
Address		Post code	Telephone Fax

Measles, Mumps and Rubella Immunity (TO BE COMPLETED BY PHYSICIAN OR HEALTH PRACTITIONER ONLY)			
<input type="checkbox"/> Live vaccines were administered after 1967.			
First Vaccine Date:		Second Vaccine Date:	
<input type="checkbox"/> The patient had a positive Measles titre.	Date of serology:		
<input type="checkbox"/> The patient had a positive Mumps titre.	Date of serology:		
<input type="checkbox"/> The patient had a positive Rubella titre.	Date of serology:		

**Signature:**

**Date:**

**DOH Green Book**

Protection of healthcare workers is especially important in the context of their ability to transmit measles, mumps or rubella infections to vulnerable groups. While they may need MMR vaccination for their own benefit, on the grounds outlined above, they also should be immune to measles, mumps and rubella for the protection of their patients.

Satisfactory evidence of protection would include documentation of:

- having received two doses of MMR, or
- positive antibody tests for measles, mumps and rubella.

**please stamp this document below**