

PROOF OF IMMUNITY TO MEASLES MUMPS AND RUBELLA

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

To be completed by Health Care Professional (immunity cannot be self declared)

Measles, Mumps and Rubella Immunity (THIS SECTION 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 Rubella titre.		Date of serology:	
I hereby confirm that the information detailed with this form is present and correct			
Name:		Occupational Health Department / Surgery Stamp	
Date:			
Signature			
GMC/ NMC or other clinical regulated body Ref. No.			
		<u>Please note a stamp is required for this form to be deemed valid</u>	

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 and rubella.



Healthier Business UK Ltd
OCCUPATIONAL HEALTH



Please note this form is purely designed to obtain appropriate evidence for our screening process this in no way makes us liable for cost incurred for completing this form or any other forms that we may issue.