

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
	Immunization Clinic, Naval Hospital, Yokosuka, Japan, FPO Seattle, WA 98765
	FEMALE LIVE VIRUS IMMUNIZATION PATIENT CONSENT
	_____ y.o. female presents for live virus immunization with _____ (type of imm).
	Last menses _____ (date)
	Patient advice (all patients must read and sign):
	Little information is available on the deleterious effects of most vaccines on a developing fetus.
	Rubella vaccine is probably the best studied immunizing agent in this regard, A total of 111 women
	who were known to be susceptible and who received rubella vaccine shortly before becoming
	pregnant early in pregnancy have been followed to term by the Immunization Division of the
	Center for Disease Control. No infant had defects compatible with congenital rubella syndrome,
	although three had laboratory evidence of rubella virus infection. At the time of publication, all
	three infants were developing normally. These data indicates that the risk of rubella vaccine to the
	fetus is negligible (an actual risk to date of 0%, with 95% confidence limits of 0%-4%). Although the
	final decision rest with the patient and her physician, the ACIP believes that rubella vaccination
	during pregnancy should not be a reason to routinely recommended interruption of pregnancy.
	Because of the Theoretical risk to the fetus of infections with any live virus vaccine (Oral Polio, Yellow
	Fever, MMR), females should be absolutely certain that they are not pregnant before they receive
	these vaccines. If there is any change that you are pregnant, do not receive any of these vaccines,
	unless your OB/GYN doctor told you, in writing, to do so.
	To be absolutely safe, a woman who receives any live virus vaccine should not become pregnant for 3
	months.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)</i>		REGISTER NO.	WARD NO.

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Also, anyone who fits any of these categories listed below should not receive live virus vaccines

without having a written order from a physician:

-Anyone who is sick with something other than a cold

-Anyone with cancer, leukemia or lymphoma.

-Anyone taking a drug that lowers the body's resistance to infection, such as prednisone or cortisone

-Anyone who has received gamma globulin (immune globulin) within the last three months.

-Anyone that has documented allergies to eggs (Does not apply to Oral Polio and monovalent Rubella.)

-Anyone who is allergic to an antibiotic called neomycin (MMR, Mumps and Measles only)

I am practicing a reliable method of birth control. Type _____

I have been counseled as to the potential risks of receiving live virus vaccines if I am pregnant or become pregnant within three months.

I have read and understand this Patient Consent Sheet.

I am not pregnant.

Patient's Signature

Date

Patient's Signature

Date

COUNSELING STATEMENT

Naval Hospital FPO Seattle, 98765

I have counseled the patient as to the indications for the _____ live virus

immunization. No contraindications were noted. Patient was counseled not to become pregnant

within three months. Use of reliable form of contraception reinforced. Post vaccination precautions

were given. Questions presented by the patient concerning this live virus immunizations were answered.

_____ cc of _____ was (were) given this date.

SIGNATURE