

Ref: ISB/CIR/17/2019

Date: 10th October, 2019

MMR VACCINATION (Dose 1 & 2)

Dear Parent

Please be informed that as per the directive received from the Ministry of Health, all the students should receive the 1st and 2nd dose of MMR (Measles, Mumps and Rubella) vaccination. The officials from Ministry of Health will visit the school to give the MMR (Dose 1 & 2) to the students.

The students, who have not received the vaccination or missed any of the doses, will receive the vaccination.

It is compulsory for all the students to return the consent forms to the Class Teachers on 13.10.2019 and get vaccinated if not done till now.

- If your ward has not received the MMR (Dose 1 & 2) vaccination please fill (Agree) in the consent form
- If your ward has received the MMR (Dose 1 & 2) vaccination please fill (Disagree) in the consent form.

You are also requested to send a copy of the immunization card with your ward on 13.10.2019. Please note that if the copy of immunization card is not attached, your ward will receive the vaccination for MMR (Dose 1 & 2).

If the immunization card is in the regional language, please translate it to English.

With regards

Pamela Xavier
10.10.19

Pamela Xavier
Principal



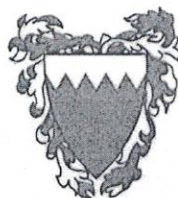
ACKNOWLEDGEMENT

MMR VACCINATION (Dose 1 & 2)

I acknowledge receipt of Circular No.17 dated 10/10/2019 sent through my ward _____ G R No. _____ of Class/Section _____.

Name of Parent: _____ Signature _____

Date: _____



VACCINATION CONSENT FORM

I am the parent of: _____ class _____.

[illegible]

According to the Ministry of Health, public health directorate policy aiming on control of vaccine preventable diseases and elimination of Measles and Rubella in the Kingdom of Bahrain, Measles ,Mumps, Rubella (MMR) vaccination campaign will be conducted in some schools. If your son/daughter received one or two doses, kindly indicate below **(provide the document of vaccine)**

- ☐ Consent
- ☐ Do not consent (give reason) _____
- ☐ My child received the 1st dose of MMR vaccine on ____/____/____.
- ☐ My child received the 2st dose of MMR vaccine on ____/____/____.

* For parents who gave consent please answer the screening questions below :-

NO	Screening question for MMR vaccine	Yes	No
1	Does he/she has allergies to any vaccine?		
2	Does he/she have cancer, leukemia, or any other immune system problem?		
3	Has he/she taken immunosuppressive medication including cortisone, prednisolone, other steroids, or chemotherapy, or had radiotherapy in the past 6 months?		
4	Has the student received blood or blood product or immunoglobulin in the past year?		
5	Has he/she received vaccination in the past 4 weeks?		
6	I hereby acknowledge that I have read and agreed on my child to receive MMR vaccine.		

Name of Parent: _____ Signature of parent: _____

Date: / /