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YELLOW FEVER QUESTIONNAIRE

Before you have your Yellow Fever Vaccination we would be grateful if you could answer **ALL** of the following questions so that we can decide if you are suitable for the vaccine and also where to fit this into your other vaccination schedules.

Please answer ALL questions asked; otherwise we cannot give you this vaccine.

If you need help filling in this form then please speak to one of the nurses.

Full Name (As shown in passport) …….

Address ……

……

Home Tel no …… Mobile Tel no……..

Date of Birth ……. NHS Number ……..

Name and address of own G.P. ……

……

Countries to be visited ……

……

Date of travel ……. …….

Date of appointment (Booked by receptionists) ……..

Dates of previous vaccinations Yellow Fever ……BCG…….....

Immuno Globulin ……MMR……...Shingles……

Have you had a fever or an infection within the last 10 days……(Yes / No)

Past medical history (Including any serious illness requiring hospital treatment)

……

……

Have you had any disorder of your Thymus gland…… ……..(Yes / No)

Have you had any kind of malignant condition……(Yes / No)
(e.g. Cancer, Leukaemia, Blood Problems, Radiotherapy or Chemotherapy)

If you answered yes, please state the condition and dates……..

……

Have you had a bone marrow or organ transplant ……(Yes / No)

Is there a any risk that you may be HIV positive ……(Yes / No)

Are you taking any drugs at present ……(Yes / No)

If you answered yes, please clearly state the details of the drugs …….

…….

Have you had any treatment with steroid tablets within the last six months…(Yes / No)

Do you have any allergies, in particular Neomycin, Polymyxin B, Stretomycin,
eggs, or from previous vaccines ……(Yes / No)

FOR WOMEN ONLY

Date of your last period ……

Is there a risk of you being pregnant or are you currently breastfeeding…….(Yes / No)

……..

I CERTIFY THAT THE ABOVE IS A TRUE RECORD OF MY PAST MEDICAL HISTORY AND THAT I CONSENT TO STAFF AT BILLERICAY MEDICAL PRACTICE VACCINATING ME AGAINST YELLOW FEVER.

Signature…… Date…….

NB: Yellow Fever is a live vaccine and you may experience a particular reaction between the 5th and 10th days, consisting of flu like symptoms. If you do feel unwell and do not get better within a few days, tell your doctor, nurse or pharmacist.

Vaccination Certificates are valid for ten years, from ten days following vaccination, and will be issued at the time of vaccination providing the fee of **£65.00** has been paid.

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Fit for Vaccination…… Dr Signature

Vaccination given ……Nurse Signature

Brand…….. Batch……..

Date……..