

## YELLOW FEVER FORM

*This form is for patients who are registered at Framlingham Medical Practice or other surgeries to obtain yellow fever vaccination at the Framlingham Medical Practice Yellow Fever Centre.*

*Please complete the form in full.*

*Part 1 – complete yourself.*

*Part 2 – will be completed during your appointment for vaccination.*

*Please bring the completed form to reception to book your vaccination and remember there is a fee payable for Yellow Fever vaccination as it is not covered by the NHS.*

### PART 1 – TO BE COMPLETED BY THE PATIENT

**Name:**

**Address:**

**Post code:**

**Telephone:**

**Date of birth:**

**Travelling to:** **On (date):**

***Health questionnaire to assess suitability for Yellow Fever Vaccination:***

**Please enter details below (delete as appropriate)**

Do you have any illnesses?	No/Yes
Are you taking any medication?	No/Yes
Do you have any allergies?	No/Yes
Are you allergic to eggs or chicken?	No/Yes
Have you had any other live vaccine in the last 3 weeks?	No/Yes
Have you had any health problems with previous vaccinations?	No/Yes
Are you taking or have you received any treatment which could affect your immune system (e.g. steroids, chemotherapy, etc.)?	No/Yes
Do you suffer from Thymus Disease, had your thymus gland removed or do you have Myasthenia Gravis?	No/Yes
Could you be HIV positive or have AIDS?	No/Yes
Have you been vaccinated against Yellow Fever before?	No/Yes

***Women only:***

Are you pregnant?	No/Yes
Are you breastfeeding?	No/Yes

***Over 60's***

*I am aware of the increased risk of side-effects from the vaccine.* No/Yes

**PART 2 – TO BE COMPLETED WHEN ATTENDING FOR YOUR VACCINATION**

***Important reminders!***

*Insect repellents should always be used between dusk and dawn*

*Always sleep under a mosquito net impregnated with repellent*

*Remember to take you Yellow Fever vaccination certificate with you and keep it safe*

*You will need a booster after ten years if you travel to a risk area after this time*

***Patient declaration***

I wish to be vaccinated against Yellow Fever

I understand there is a £60 + VAT charge for the vaccination and certificate

I understand there is a further fee for the replacement of lost Yellow Fever certificates

I have had the opportunity to discuss the suitability and side-effects of the vaccination

**Patient signature:**

**Date:**

**NURSE administration:**

Date given:

Make:

Batch: