

**Worden Medical Centre
YELLOW FEVER
CONSENT FORM**

Health Questionnaire for patients receiving
Yellow Fever vaccination

Name:	DOB:	AGE:
ADDRESS:	GP:	DESTINATION:

Please answer the following questions as honestly as you can. The answers you provide will help the Nurse/Doctor to make a decision as to whether you are fit to receive the Yellow Fever vaccination today.

		Yes	No
1	Are you well today?		
2	Do you suffer from any chronic complaint?		
3	Are you allergic to egg protein, gelatine or latex?		
4	Do you have a thymus disorder – including myasthenia gravis, thymoma, thymectomy and DiGeorge Syndrome?		
5	Are you, to your knowledge, HIV positive?		
6	Could you be pregnant?		
7	Are you breastfeeding?		
8	Have you had chemotherapy or radiotherapy for malignant disease within the last 6 months?		
9	Have you received a bone marrow transplant within the last 6 months?		
10	Are you undergoing drug induced immune-suppression?		
11	Have you received any other vaccines or treatment in the past 4 weeks?		
12	Please list your current medication:		

I have read the Yellow Fever vaccine information for travellers and am happy to receive the vaccination.

Signed..... Date.....

Surgery Use Only

Vaccine trade Name:	Batch No:	Expiry date:	Injection site:
Pre/post immunisation instructions:			

Name of vaccinator:.....Date.....