

HARESFIELD SURGERY

Turnpike House Medical Centre, 37 Newtown Road, Worcester, WR5 1HG
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Yellow Fever vaccination patient information request

Before we can administer a yellow fever injection we require some details from you to allow us to ensure that you are suitable for the injection. Please be honest so we can advise whether it is appropriate for you to have. We may need to discuss any information on this form further with your own GP if required.

Name

Address

Own GP

Age (please tick) Child 9 month – 12 years Adult 12 years – 60 years
Adult 60 years plus (If you are over 60 the incidence of side effects is slightly greater, adverse reactions are usually 5/100,000 vaccines given. In over 60 this can increase to 25/100,000 vaccines given)

Date of travel
You are required to have the vaccine 10 days before travelling to an endemic area.

Country of travel

	YES	NO
Are you pregnant?		
Have you received any other vaccines in the last 3 weeks?		
Have you had this vaccination before with any adverse effects?		
Are you allergic to egg or egg products that you are aware of?		
Are you allergic to gelatine products that you are aware of?		
Are you allergic to Neomycin that you are aware of?		
Have you had an organ or bone marrow transplant and are taking current drugs for this?		
Do you have any disorders of the thymus gland including tumours or myasthenia gravis?		
Are you currently or in the last 6 months being treated with chemo or radiotherapy?		
Are you taking any drug that can affect your immune system i.e Azathioprine, Ciclosporin, Methotrexate, Cyclophosphamide, Leflunomide, high dose steroids (e.g Prednisolone, Dexamethasone)? If yes please list:		
Do you have a compromised immune system i.e HIV infection?		
Have you taken any oral steroids in last 3 months?		

I certify the answers given on this form are true and accurate

GP signature Date