

Yellow fever consent form

Health questionnaire for individuals receiving yellow fever vaccine

Please arrive 15 minutes before your appointment time to allow for staff to view the consent form and register you if required.

Name:

DOB:

Age:

Address:

Destination:

Duration:

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. Please circle Yes or No.

1. Are you feeling feverish today?	Yes	No
2. Do you suffer from any chronic illnesses such as diabetes, asthma?	Yes	No
3. Are you allergic to egg protein, gelatine or latex?	Yes	No
4. Are you, to your knowledge, HIV positive? If yes please provide us with a copy of recent CD4 count and viral load. Please note: if we do not have these details we may not be able to vaccinate you.	Yes	No
5. Do you have a thymus disorder – including myasthenia gravis, thymoma, thymectomy and DiGeorge Syndrome?	Yes	No
6. Could you be pregnant?	Yes	No
7. Are you breastfeeding?	Yes	No
8. Have you had chemotherapy or radiotherapy for malignant disease within the last 6 months?	Yes	No
9. Have you received a bone marrow transplant within the last 6 months?	Yes	No
10. Are you undergoing drug induced immune-suppression?	Yes	No
11. Have you received any other vaccines or treatment in the past 4 weeks? Is so, what?	Yes	No
12. Please list your current medication:	Yes	No

I have completed the above to the best of my knowledge, and I am happy to receive the vaccination.

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