

Yellow-fever form

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 always covered by the health insurance.

Please don't forget to bring your international (yellow) vaccination book with you!

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 (50% DEET)

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 90EUR 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

Vaccination completed without any complications.

Datum, Unterschrift Dr. Boerner

date, signature patient