

## 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 98,84EUR 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