

# Yellow fever consent form



## Patient/Guardian

FULL NAME: \_\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M / F PHONE: \_\_\_\_\_

NAME OF GUARDIAN (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF GP & MEDICAL CENTRE: \_\_\_\_\_

## Trip Detail

DATE OF DEPARTURE: \_\_\_\_\_ DURATION OF TRIP: \_\_\_\_\_  Days  Weeks  Months

Please list all countries in the order you will be visiting them (include stop-overs) - if more attach list or use back

- |            |                                  |
|------------|----------------------------------|
| Country 1: | <input type="radio"/> Stop-over: |
| Country 2: | <input type="radio"/> Stop-over: |
| Country 3: | <input type="radio"/> Stop-over: |
| Country 4: | <input type="radio"/> Stop-over: |
| Country 5: | <input type="radio"/> Stop-over: |
| Country 6: | <input type="radio"/> Stop-over: |

## Checklist

1. Y / N Are you well today?
2. Y / N Have you ever had a yellow fever vaccination before? If Yes please give date/year:
3. Y / N Have you received any other vaccinations in the last 3 months? If Yes please state (especially live vaccinations BCG(TB), MMR, ORAL POLIO):
4. Y / N Do you have any medical conditions or problems? If Yes please elaborate:
5. Y / N Have you had any prescribed medications in the past 6 months? If Yes please state:
6. Y / N Have you ever had a severe allergic reaction to egg protein, gelatine or latex?
7. Y / N Are you allergic to anything else? If Yes please state:
8. Y / N Do you have a thymus disorder (NOT THYROID) - including myasthenia gravis, thymoma, thymectomy and DiGeorge Syndrome?
9. Y / N Are you, to your knowledge HIV positive?
10. Y / N Have you ever had treatment for cancer (eg radiotherapy or chemotherapy) or do you have a low immunity for any other reason? If Yes please elaborate:
11. Y / N Have you ever had an organ or bone marrow transplant? If Yes please elaborate:
12. Y / N Are you receiving high dose steroids or immunosuppressive therapy? If Yes please elaborate:
13. Y / N Could you be pregnant or are you planning a pregnancy?
14. Y / N Are you breastfeeding?
15. Y / N Have you already received advice about your travel health requirements for vaccinations and malaria prevention from your own GP?

**I have read the Yellow Fever vaccine information for travellers and understand the possible risks of side effects. I have already received or been advised to seek travel health advice from my own GP for any other vaccinations and/or malaria requirements.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_