

Dr T Ballard
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Great Bedwyn

PRE TRAVEL QUESTIONNAIRE FOR YELLOW FEVER PATIENTS

Name: DOB:

Date of departure?..... Duration of stay?.....

Countries and specific areas within them that you will be travelling to/ visiting?
.....

Type of accommodation, eg: hotel, camping, hostel etc?.....

Activities whilst there, eg: safari, beach, etc?.....

Please circle yes or no as applicable.

Have you ever received a yellow fever vaccination in the past? Yes /No

Have you received any other live vaccines in the last 4 weeks, eg: MMR? Yes / No

Are you aged under 9 months or over 60 years of age? Yes / No

Are you allergic to anything, eg: eggs, gelatine, latex, antibiotics etc? Yes / No

Have you ever had any reaction to a drug or vaccine in the past? Yes /No

Are you suffering from any illness today with a temperature? Yes / No

Could you be pregnant or are you breastfeeding?(female patients only) Yes / No

Is there any reason why your immune system might not be working as well as it should be, eg: removal of spleen, recent chemotherapy or radiotherapy, taking high doses of steroids, recent organ or bone marrow transplant, HIV or AIDS? Yes /No

Have you ever suffered from any disorder of your thymus, eg: myasthenia gravis, thymoma, or treatment on your thymus? Yes /No

Practice Nurse assessment of requirement for yellow fever vaccination.
Required/Not required/ Letter of exemption.

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

GP authorisation signature for patient to receive yellow fever vaccination.

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