

Name			
Address			
	Postcode.		
Telephone			Name of Your GP and practice
Date of Birth:	Age:		

Travel Destination (s):
Date of Travel:
Recent "Live" Vaccines:

Have you received any of these vaccinations within the last month?

Polio	Yes / No.	If Yes, on what date? _____
BCG (TB)	Yes / No	If Yes, on what date? _____
Rubella	Yes / No	If Yes, on what date? _____

Allergies:

Are you allergic to eggs? Yes / No
 Are you allergic to chicken? Yes / No
 Are you allergic to anything else? Yes / No If Yes, what? _____

Pregnancy:

Are you pregnant? Yes / No.

If you are unwell or have a raised temperature you should tell the doctor or nurse BEFORE they administer the Yellow Fever vaccination.

Signature and Declaration:

On receipt of a completed Request Form and fee a Yellow Fever vaccination dose will be ordered on your behalf. The national availability of Yellow Fever vaccinations can be variable, and the Practice is unable to accept liability for failure to supply, or adherence to specific dates. Where a vaccine is not available you will be advised as soon as practicable, and your fee will be returned in full. Where a vaccination is cancelled by the patient after order of the vaccine – No refund will be given.

I have read the enclosed information sheet and confirm that I have NO contraindication to the vaccine.

SignedName.....
 Date.....

Office Use Only

<i>Fee paid:</i>	<i>Date:</i>
<i>Appointment Date:</i>	<i>Appointment Time:</i>
<i>Yellow Fever Given:</i>	<i>Batch Number: EXP:</i>
<i>Clinical indications, contra-indications, comments</i>	