

# YELLOW FEVER VACCINATION NON REGISTERED PATIENTS

Please complete this form and return to Weavers Medical before booking your appointment. We will not book an appointment until the form is completed.

**PLEASE NOTE – A FEE OF £50.00 IS PAYABLE AFTER THE YELLOW FEVER VACCINATION HAS BEEN ADMINISTERED. PLEASE PAY THE RECEPTIONIST BY CHEQUE OR CASH. PLEASE BRING ADEQUATE MEANS OF PAYMENT TO THE APPOINTMENT. Cheques made payable to The Partners, Weavers Medical**

Name: ..... Date of Birth: ...../...../.....  
 Address: .....  
 ..... Daytime Telephone: .....

**For all other travel queries please contact your own GP surgery or visit [www.masta.org](http://www.masta.org) Website for Travellers**

Actual destinations to be visited including stopovers	Dates		Type of accommodation (Hotel, Safari, backpacking etc) and activities
	From	To	

	Yes	No
Have you previously been vaccinated against Yellow Fever?		
Have you reacted badly to any previous vaccine? Which vaccine? What happened?		
Are you allergic to eggs?		
Have you any severe allergies?		
Do you suffer from: <div style="text-align: right; padding-right: 20px;">Heart disease</div> <div style="text-align: right; padding-right: 20px;">Asthma</div> <div style="text-align: right; padding-right: 20px;">Diabetes</div> <div style="text-align: center; padding-top: 10px;">Other chronic illness (please state)</div>		
Are you on any medication? If yes, what is it?		
Are you Epileptic?		
Do you suffer from any thyroid disorders?		
Do you have any medical problem requiring regular supervision?		
Have you had your spleen removed?		
Are you or any close contact receiving chemotherapy or radiotherapy?		
Are you pregnant/planning a pregnancy or breast feeding.		
Do you suffer from any disorders of the Thymus?		

Appointment Date .....

Yellow fever information leaflet given      YES      NO

Date..... Signed (Staff Member).....