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**YELLOW FEVER**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOME TELEPHONE NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTERED DOCTOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***TRAVEL INFORMATION***

COUNTRY VISITING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE & DURATION OF VISIT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT/PREVIOUS MEDICAL CONDITIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CURRENT MEDICATIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE NOTE: THE YELLOW FEVER VACCINATION MAY NOT BE GIVEN IF THE ASSESSMENT SHOWS ANY CONTRA-INDICATIONS**

Cost of the vaccination or Letter of Exemption **£70.00**

**£35.00** is to be payable in advance

This is to cover the nurse’s time to check the current criteria of the country you are visiting, your medical history and to provide you with advice and information.

This is **non-refundable** and will be taken off of the cost of the vaccination or letter of exemption if required.

**NB The Practice Is Unable to Accept Credit Cards**

Occasionally further information may be required from your doctor, if you are happy for us to contact your doctor please sign below

I consent for Manor Way Surgery to contact my doctor for information relating to the yellow fever vaccination**.**

**SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED AT THE TIME OF INJECTION**

**I understand the risks of the yellow fever vaccination and give my consent to receive the injection.**

**SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Yellow Fever Vaccine Information**

Yellow fever is a serious viral infection transmitted by infected mosquitoes that bite during daylight hours. The infection is spread from infected monkeys and humans and is considered to be one of the most lethal viral diseases.

Some countries in and around South and central America and Africa need either a certificate of vaccination or a letter of exemption to gain entry into the country**. Vaccination must be received no less than 10 days before entry to the country.**

The following cannot receive yellow fever vaccination but may require a letter of exemption to gain entry into a country

Age 5 months and under

Persons known to have reacted to egg protein or other vaccines

People who are taking high doses of steroids or being treated with radiotherapy or chemotherapy or within the last 6 months

Bone marrow transplant

Thymus disorder including myasthenia gravis, thymoma and DiGeorge syndrome

**We need to seek expert advice from the Hospital for Tropical Diseases in London prior to immunising people in the following groups**

Infants aged 6-8 months

Current infection

HIV +ve individuals

Pregnant women

Breast feeding infants

Age 60 and older

**Side effects of yellow fever vaccine**

Side effects are usually mild and short lived. They include muscle pain, headache and low grade fever usually occurring 5-10 days after vaccination affecting 10-30%

Serious side effects affecting the nervous system have been reported (5 cases/million under age 60 and 18 cases/million over age 60)

More serious side effects resembling yellow fever disease resulting in multi-organ failure have been reported (4 cases/million under age 60 and 22 cases/million over age 60)