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|--|------------------|-----------------------------|--------------------------------------|
| Name | | | |
| Address | | | |
| | Postcode. | | |
| Telephone | | | Name & address of Your GP |
| 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. | |
| <i>If you are unwell or have a raised temperature you should tell the doctor or nurse BEFORE they administer the Yellow Fever vaccination.</i> | | | |
| 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 contraindications to the vaccine. | | | |
| Signed | | Name..... | |
| | | Date..... | |

Office Use Only

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


PATIENT RECEIPT

APPOINTMENT ON _____ WITH _____ TIME _____
 AMOUNT RECEIVED £ _____ CASH / CHEQUE BY (STAFF) _____
 FROM PATIENT (name) _____

In receipt of: Yellow Fever Vaccination

Please present your receipt at the time of your appointment