

Have you had any kind of malignant condition.....(Yes / No)
(e.g. Cancer, Leukaemia, Blood Problems, Radiotherapy or Chemotherapy)

If you answered yes, please state the condition and dates.....

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Have you had a bone marrow or organ transplant(Yes / No)

Is there a any risk that you may be HIV positive(Yes / No)

Are you taking any drugs at present(Yes / No)

If you answered yes, please clearly state the details of the drugs

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Have you had any treatment with steroid tablets within the last six months...(Yes / No)

Do you have any allergies, in particular Neomycin, Polymyxin B, Stretomycin,
eggs, or from previous vaccines(Yes / No)

FOR WOMEN ONLY

Date of your last period

Is there a risk of you being pregnant or are you currently breastfeeding.....(Yes / No)

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**I CERTIFY THAT THE ABOVE IS A TRUE RECORD OF MY PAST MEDICAL HISTORY AND
THAT I CONSENT TO STAFF AT BILLERICAY HEALTH CENTRE VACCINATING ME
AGAINST YELLOW FEVER.**

Signature..... Date.....

NB: Yellow Fever is a live vaccine and you may experience a particular reaction between the
5th and 10th days, consisting of flu like symptoms. If you do feel unwell and do not get
better within a few days, tell your doctor, nurse or pharmacist.

Vaccination Certificates are valid for ten years, from ten days following vaccination, and
will be issued at the time of vaccination providing the fee of **£45.00** has been paid.

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Fit for Vaccination..... Dr Signature

Vaccination givenNurse Signature

Brand..... Batch.....

Date.....