

ALBRIGHTON MEDICAL PRACTICE
 SHAW LANE
 ALBRIGHTON
 WOLVERHAMPTON WV7 3DT

DESIGNATED YELLOW FEVER CENTRE

PATIENT QUESTIONNAIRE

Name:		Phone Number:	
Address:			
DOB:		GP Practice:	
Age:		Copy sent to own GP Practice:	
Past medical history:			
Medication:			
Recent Treatment			
Pregnant	Yes	No	
Allergies	Yes	No	
If over 60 years old risk discussed	Yes	No	
Previous reactions to vaccinations	Yes	No	
Country to be visited	Yes	No	
Information sheet re Yellow Fever (NATHNAC) read and understood	Yes	No	
MALARIA discussion given and understood	Yes	No	
Any other questions	Yes	No	
Name and make of vaccination	Yes	No	
Batch number	Expiry date		
Signature of nurse & date			
Signature of patient & date			