

Dr Amrish Patel MD
 Troutman Family Medicine
 Piedmont Healthcare
 154 S. Main St.
 Troutman NC 28166
 Tel: 704 528 9903 Fax: 704 528 4192
WWW.DRAMRISHPATEL.COM
WWW.PIEDMONTHEALTHCARE.COM

YELLOW FEVER CONSENT FORM

TRAVEL INFORMATION

COUNTRY VISITING _____

DATE & DURATION OF VISIT _____

CURRENT/PREVIOUS MEDICAL CONDITIONS _____

Please check yes or no in the following boxes:

		Yes	No
1	Are you well today?		
2	Do you suffer from any chronic complaint?		
3	Are you allergic to egg protein, gelatin or latex?		
4	Do you have a thymus disorder - including myasthenia gravis, thymoma, thymectomy and DiGeorge Syndrome?		
5	Are you, to your knowledge, HIV positive?		
6	Could you be pregnant?		
7	Are you breastfeeding?		
8	Have you had chemotherapy or radiotherapy for malignant disease within the last 6 months?		
9	Have you received a bone marrow transplant within the last 6 months?		
10	Are you undergoing drug induced immune-suppression?		
11	Have you received any other vaccines or treatment in the past 4 weeks?		

Please list any current medications: _____

COMPLETE CONSENT IN OFFICE

I consent to having the Yellow fever vaccine and have read all the information above along with the CDC Pamphlet provided.

Patient signature _____

Print Name _____

On questioning, this patient has none of the above contraindications, prior to vaccination for Yellow Fever.

Yellow Fever Vaccine Given - Date: ___/___/___ Batch No: _____ Exp: ___/___/___

Signature _____

Print Name _____