**Pre Travel Clinic details for Temporary residents**

**For Vaccination of Yellow Fever**

**Name :**

**Date of birth:**

**Contact Telephone numbers: Home:**

**Mobile:**

**Destination of travel:**

**Date of Travel :**

**Any Known Allergies? Please List:**

**Any relevant current medical history?**

**Are you pregnant? yes/no or planning a pregnancy? Yes/no**

**Do you have a severe allergy to eggs?**

**Do you have a disorder of your THYMUS gland?**

**Are you HIV positive and currently immunosuppressed?**

**Is your immune system affected by current disease or treatment?**

**These questions, when answered in advance of your appointment with the travel nurse, will help us ensure you receive a safe and efficient vaccination.**

**Please note that the yellow fever vaccination currently costs £60.00 and can be paid in full to reception BEFORE your appointment, either by CASH or CHEQUE. We are sorry that we cannot accept debit or credit card payment .**

**Many thanks for your help.**