

YELLOW FEVER VACCINE (Stamaril) - Patient Specific Direction

Dear patient, it is necessary for us to confirm with your usual practice that it is safe for us to provide you with this vaccination. Once you have completed part 1, please take the form to your registered practice for completion by your usual GP (*you may need to allow a few days for them to do this*).

Please bring the completed form along to your appointment. If you do not have a signed and stamped form, we will not be able to vaccinate you.

PART 1 (*For completion by the patient requiring yellow fever vaccination*)

Patient Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Full Address:	<input type="text"/>
Telephone number:	<input type="text"/>
Mobile number:	<input type="text"/>
Destination (state area of risk):	<input type="text"/>
Date of Travel:	<input type="text"/>

PART 2 (*For completion by the patient's usual doctor*)

As the usual doctor of the patient named above, I confirm that there is nothing in their previous medical history to indicate that they should not be given yellow fever vaccination by subcutaneous or intramuscular injection of: **Yellow fever vaccine – Stamaril 0.5ml**

Print Name: _____

Signature: _____

Practice Stamp:

PART 3 *Glastonbury Surgery use only:*

Date of Administration:	<input type="text"/>
Administered by:	<input type="text"/>