

**CONSENT FORM FOR YELLOW
FEVER VACCINATION**

Name:

Address:

Date of Birth:

What is yellow fever?

Yellow fever is caused by a virus that spreads to humans through the bite of an infected mosquito. The disease is of short duration and varying severity. The incubation period varies from 3 to 6 days. Although the disease can be benign, serious complications can develop. The disease is characterised by sudden onset of fever, headache, backache, extreme fatigue, nausea and vomiting. When the disease progresses (in about 15 % of infected people) kidney failure and bleeding symptoms may occur. Jaundice is moderate early in the disease and worsens later. Death occurs in almost 50 % of severe cases. Yellow fever is transmitted in the tropical and sub-tropical regions of South Africa, South and Central America and in Trinidad (Caribbean).

Important information concerning vaccination

Yellow fever vaccine is a live attenuated vaccine that can be recommended to people travelling to a country where the infection is present, if there are no contraindications to the vaccine. Vaccination is a legal requirement for entry into certain countries. The principal prevention measure consist in getting vaccinated at least 10 days before travelling to a region at risk and bringing protective clothing, bed nets and mosquito repellent.

Possible adverse reactions to the vaccine and what to do.

1. In most cases, the vaccine causes no adverse reactions.
2. 10-30 % of people who receive the vaccine develop a low grade fever, headache and muscle pain 5 to 10 days after vaccination. These symptoms can last between 1 to 3 days.
3. Serious allergic reaction to yellow fever vaccine is extremely rare and occurs mostly among people with a history of allergy to eggs (1.3cases/100 000 distributed doses).
4. In very rare cases, the vaccine can cause neurological complications (encephalitis) especially in newborns. The risk of developing neurological complications after receiving yellow fever vaccine is estimated at 0.8 cases per 100 000 administered doses. In people aged 60 years and over, the risk is higher and increases to approximately 2.2 cases per 100 000 administered doses.
5. In rare cases, serious reactions causing liver, neurological or kidney damage, have been reported. It is estimated that this occurs in 0.3 cases per 100 00 administered doses. The rates increasing with age.
6. Additional documented risk factors for serious adverse events following YF vaccination are thymus disorder and thymectomy following a thymus disorder; YF vaccine should never be given to individuals with this medical history.
6. If any severe side effect develops following vaccination, consult a doctor and notify the vaccinating nurse at the travel clinic.

YELLOW FEVER QUESTIONNAIRE

| | | |
|---|--------------------------|--------|
| Have you previously been vaccinated against yellow fever? | | YES/NO |
| Have you received any other vaccines in the last 4 weeks? If yes, please list | | |
| Have you reacted badly to any previous vaccine? If yes, which vaccine – please give details | | |
| Are you allergic to eggs? | | YES/NO |
| Have you any severe allergies? | | YES/NO |
| Do you suffer from: | Asthma YES/NO | |
| Diabetes YES/NO | Other Chronic Illnesses: | |
| Please list any regular medication you are taking or have recently taken | | |
| Are you epileptic? | | YES/NO |
| Do you suffer from Thymus disease or had a previous thymectomy? | | YES/NO |
| Do you have a medical problem requiring regular supervision? | | YES/NO |
| Have you had your spleen removed? | | YES/NO |
| Are you pregnant/planning a pregnancy or breast feeding? | | YES/NO |
| Are you or in close contact with anyone receiving chemo or radiotherapy? | | YES/NO |
| Do you suffer from any disorders that affect your immunity? I.e. AIDS, HIV, autoimmune deficiency | | YES/NO |

Authorisation

I have received the information on yellow vaccine. I have had the chance to ask questions and have received satisfactory answers to them. I understand the risks and benefits of the vaccine and I agree to receive this vaccine or that it will be given to the name person above.

Date:

Signature of patient/guardian:

Print Name:

Vaccinator's signature