

Name: \_\_\_\_\_ Date of Birth: / / .

## Yellow Fever Contraindications

The following questions will help us determine if you should get the yellow fever vaccine today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated.

It just means additional questions must be asked. If a question is not clear, please ask us to explain it.

Thank you.

1. Do you have a history of acute hypersensitivity reaction to a previous dose of yellow fever?

YES

NO

2. Do you have a history of hypersensitivity reaction to any component of the vaccine? (Gelatin, eggs, egg products, or chicken protein)

YES

NO

3. Do you have a thymus disorder associated with abnormal cell function?

YES

NO

4. Do you have immunosuppression from the following: HIV, AIDS, Malignant neoplasms, immunodeficiencies, transplantation, immunosuppressive or immunomodulatory therapy, radiation therapy?

YES

NO

5. Women: Are you currently breastfeeding or pregnant?

YES

NO

6. Are you over the age of 60?

YES

NO