

## "Yellow fever" specific form

*For travelers to Africa and South America*

Name : ..... Firstname : .....  
Birth date : .....

Ladies and Gentlemen,

It is possible that vaccination against yellow fever is indicated for you.

**NB: the yellow fever vaccination must be done 10 days before departure**

General questions	Have you been previously vaccinated against yellow fever?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? : .....
	Are you currently under antibiotics treatment? Or do you have an infection (acute or chronic)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Do you have allergy to chicken protein, egg protein or polymyxin?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Have you had any allergic reaction to the previous vaccination against yellow fever?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Cancer	Do you have cancer or have you had cancer ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, what cancer?	.....
	What is the date of the last chemotherapy?	.....
Immune system	Do you have a low function of the immune system ?	<input type="checkbox"/> No <input type="checkbox"/> Yes, due to : <input type="checkbox"/> a congenital or familial anomaly <input type="checkbox"/> Or after treatment (corticosteroids or other immunosuppressive agents by mouth or by vein)?
	Do you have HIV?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Do you have thymus dysfunction ? Or spleen dysfunction?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Please send this completed form by email to [medecineinterne.cmt@la-ligniere.ch](mailto:medecineinterne.cmt@la-ligniere.ch).

**Dr N. Leggieri**