



DR. L.A. DE KRAMER

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Yellow Fever Immunisation Questionnaire

DATE: _____

Name: _____

ID Number: _____

Passport Number: _____

Destination: _____

Date of departure: _____

Physical Address: _____

Medical History:

1. Are you well today? _____
2. Do you have any allergies? (Especially Egg allergies) _____
3. Have you had any vaccine in the last month? _____
4. FEMALES: Pregnant? Breastfeeding? _____
5. Recent:
 1. Steroid usage: _____
 2. Radio/Chemotherapy: _____
 3. Immunotherapy: _____
 4. Blood Transfusion: _____
 5. Organ Transplant: _____
 6. Cancer: _____
 7. Immunodeficiency: _____
 8. Guillian Barre Syndrome: _____
 9. Multiple Sclerosis: _____

Signature: _____

Thank you
Yours kindly.

Dr Leendert Adriaan de Kramer _____