



## YELLOW FEVER VACCINE REQUEST

Due to manufacturer restrictions, the supply of YF-Vax yellow fever vaccine is currently limited. To use our supply efficiently, we are asking clients to medically pre-qualify for the vaccine; then we will reserve a dose.

Note: To receive a dose of YF-Vax at AITC, you **MUST** first consult a travel medicine provider regarding your upcoming trip, as international travelers who need YF-Vax also need additional vaccinations, medications, and/or pre-travel counseling. (AITC is not currently offering this service due to the pandemic).

**PLEASE DO NOT SUBMIT THIS FORM UNTIL AFTER YOU'VE CONSULTED A TRAVEL MED PROVIDER FOR THIS TRIP**

Please answer all questions and PRINT LEGIBLY. Complete a form for each traveler. All fields are required.

\*Full Name \_\_\_\_\_ \*Age: \_\_\_\_\_

\*Best telephone number(s) \_\_\_\_\_ \*Today's Date \_\_\_\_\_

\*Email address: \_\_\_\_\_

\*When was your travel consultation regarding this trip? \*Date of Consultation: \_\_\_\_\_

\*From Provider/Facility (Name): \_\_\_\_\_ Phone: \_\_\_\_\_

\*What countries are you traveling to? List in the order that you will visit & include all layover countries.

1 \_\_\_\_\_ 5 \_\_\_\_\_  
2 \_\_\_\_\_ 6 \_\_\_\_\_  
3 \_\_\_\_\_ 7 \_\_\_\_\_  
4 \_\_\_\_\_ 8 \_\_\_\_\_

\*When is your departure date from the U.S.? \_\_\_\_\_

\*Are you allergic to eggs? Yes No Not Sure

\*Do you have a weakened immune system due to a health condition or medication? Yes No Not Sure

\*Have you ever had a yellow fever vaccine before? Yes No Not Sure

If yes, include copy of the certificate, or tell us what year you had it \_\_\_\_\_

**Instructions:** Please email a completed form to [Travelshots.dph@sfdph.org](mailto:Travelshots.dph@sfdph.org)

**With subject line: "Yellow Fever request"**

**Our staff will contact you upon reviewing your form.**

**For clinic use only:** Reviewed By RN: \_\_\_\_\_  no YF needed  sched for YFvax  sched for YFvax waiver

Appt Date :

Appt Date :

form ver. 2021-6-17