

# Yellow Fever Vaccine Criteria Assessment

Client Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
                          yyyy          mm          dd

**Type of Travel**     recreation     cruise     business     city     rural     jungle  
**Travel Destination**     sub-Saharan Africa     South America (tropical)     Caribbean

**Previous Yellow Fever Vaccination**     No     Yes → year: \_\_\_\_\_

| <b>Current Medical Status</b>  | <b>No</b> | <b>Yes</b> | <b>Explain</b>  |
|--|-----------|------------|---|
| Acute illness/fever  |           |            |   |
| Severe allergy, acute hypersensitivity to previous dose of YF vaccine or components [latex, egg protein, chicken protein, gelatin] |           |            |   |
| Pregnancy<br>Breastfeeding infant under 9 months of age  |           |            |   |
| Thymus disorders, myasthenia gravis, thymectomy  |           |            |   |
| Chemotherapy / radiation therapy   |           |            |   |
| Generalized malignancy   |           |            |   |
| HIV / AIDS acute illness   |           |            |   |
| Organ / bone marrow transplant   |           |            |   |
| Blood / immune globulin transfusion (recently – within the past 5 months)  |           |            |   |
| Severely weakened immune system  |           |            |   |
| Immunosuppressant drugs that lower the body's ability to fight infections, including   |           |            | <input type="checkbox"/> high-dose systemic corticosteroids |
|  |           |            | <input type="checkbox"/> alkylating drugs                   |
|  |           |            | <input type="checkbox"/> antimetabolites                    |
| Received another live vaccine in last month  |           |            |   |
| Other illnesses, e.g. multiple sclerosis (10 x higher risk of exacerbation after YF vaccine)                                       |           |            |   |

| <b>Current Medications</b> | <b>Medical Condition</b> |
|----------------------------|--------------------------|
|                            |                          |
|                            |                          |
|                            |                          |

The nurse will make a recommendation regarding whether or not you should receive the Yellow Fever vaccination based on the medical and personal information provided on this form and the results of the Yellow Fever Vaccine Decision-Making Algorithm.

**NURSE'S RECOMMENDATION:**  
**Yellow Fever Vaccine is recommended**

- No apparent medical conditions and travelling to area where Yellow Fever is always or sometimes present.
- Mild medical conditions under control and travelling to area where Yellow Fever is always or sometimes present.
- Direct physician's order for Yellow Fever vaccination after risk assessment by Medical Officer of Health / alternate MOH / physician. Presented with pregnancy or serious medical condition / multiple medication use and with **significant risk of the disease** due to destination. Travel plans **cannot** be changed.

**OR**

**Yellow Fever Vaccine is NOT recommended:**

- Yellow Fever Vaccine is medically contraindicated, so protection cannot be provided; travel to destination is **not** recommended and client is changing travel plans.
- Yellow Fever Vaccine is medically contraindicated. Travel plans **cannot** be changed and a Certificate of Medical Contraindication to Vaccination is required. The nurse will provide certificate and discuss necessary insect precautions.
- Previous vaccination for Yellow Fever—Certificate of Medical Contraindication to Vaccination is issued: Risk of adverse event from YF vaccine outweighs potential benefit
- YF Vaccine is **not** deemed necessary / considered a priority due to low risk determined by risk benefit analysis as per location / season / duration of travel/ activities / local rate of YF

**Reviewed with Client:**

- Yellow Fever Vaccine Fact Sheet
- Insect Precautions Fact Sheet
- Nurse's comments \_\_\_\_\_

**Client Agreement**

- I agree to have the Yellow Fever vaccination. I have discussed the Yellow Fever Vaccine Fact Sheet with the nurse, and I understand the risks and benefits related to this vaccine. I realize that immunity does not develop until 10 days after vaccination and the International Certificate of Vaccination or Prophylaxis is not valid until then.

**OR**

- I understand and accept the risks of travel **without** the protection of the Yellow Fever Vaccine.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Nurse

Date \_\_\_\_\_

Personal information on this form is collected under the authority of the Health Protection and Promotion Act S.O. 1990, as amended, and will be used for the prevention, assessment, management and reporting of communicable diseases by Public Health and, where necessary, your family physician. Questions about this collection should be addressed to the Privacy Information Officer 179 North Park Street, Belleville, ON K8P 4P1 613-966-5500.