सत्यमेव जयते
भारत सरकार/ GOVERNMENT OF INDIA
पत्ति स्वास्थय संगठि/ PORT HEALTH ORGANISATION
नवनलंण्डि आइलैंड कोच्चि-682009/ WILLINGDON ISLAND COCHIN-682009
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# INFORMED CONSENT FOR YELLOW FEVER VACCINATION

| PERSONAL INFORMATION | | | | |
|---|---|---|---|---|
| Name (As in passport) | | | Date: | |
| Date of Birth | | Age | Sex: Male/Female/Transgender | |
| Passport No. | | | | |
| Full address (as in passport) | | | | |
| Contact No. | | Name and contact number of bystander : | | |
| Country of visit/ Purpose of visit | | Employment | Tourist | Educational purpose |
| Are you a seafarer? | Seaman | Sea-women | | |
| Diet type: | Vegetarian | Eggetarian | Non-Vegetarian | |

| | MEDICAL HISTORY | YES / NO |
|---|---|---|
| 1. | Are you taking yellow fever vaccine for the first time? | |
| 2. | Any history of allergy to egg/chicken/any other food items? | |
| 3. | Any history of allergy to medicines/vaccines? | |
| 4. | History of Asthma /Allergic skin disease/ other allergies | |
| 5. | Are you on any medication for any disease? If yes, specify- | |
| 6. | Are you taking steroids /on Radiation therapy / on chemotherapy? | |
| 7. | Any history of<br>a) HIV/AIDS b) Immunodeficiency conditions<br>b) Organ transplantation/ dialysis/auto-immune disease/thymus disorders | |
| 8. | History of Vaccination in the last 28 days eg: MMR/Typhoid/Cholera/ Chickenpox/ OPV/ Hep.A | |
| 9. | Do you require **oral polio vaccine (OPV)** ? (Advised for passengers visiting Nigeria, Cameroon, Somalia, Afghanistan, Pakistan, Syria, Malawi, Mozambique, Madagascar, Congo, DR Congo). | |
| 10 | Are you pregnant / Breast feeding? | |

**IMPORTANT INFORMATION**

- **Please reach vaccination centre before 9.30.AM**
- **All passengers should be accompanied by a bystander**
- **Passengers are advised to have breakfast before vaccination**
- **Cost of Yellow Fever vaccine is Rs.300/- Valid passport need to be furnished at vaccination centre for verification.**
- **Candidates above 60 years of age are required to give an additional high risk consent for vaccination.**
- **For passengers with comorbidities and on regular medication should obtain a medical fitness certificate from the treating doctor and fill the extra consent form uploaded in the website**
- **Passenger can leave the vaccination center only after 30 minutes of observation following vaccination.**

**CONSENT**

I hereby, give my full, free & voluntary consent for yellow fever vaccination. The procedure, risks, complications, contraindications and other related information of the vaccination has been provided and explained to me by the healthcare provider in the language I understand.

| | |
|---|---|
| **Name & Signature of the Passenger as in the passport** *(Parent/can sign on behalf of minors below 18 years)*<br>_____ | **Date**<br>_____ |