A \$25 yellow fever vaccine assessment charge will be billed to you upon submission of this questionnaire. This charge is in addition to the \$200 charge for the yellow fever vaccine PID: Date of Birth YELLOW FEVER VACCINE Name: Mailing Address___ **QUESTIONNAIRE** or Phone Email Preferred method of communication Phone Email **CAMPUS HEALTH** Include a copy of your insurance card with this questionnaire. Indicate your preferred day(s) and time slot(s) for your immunization appointment: of NORTH CAROLINA at CHAPEL HILL **10am-12 noon:** □ Mon. □ Thurs. **2:00pm-3:45pm:** □ Tues. □ Wed. □ Fri. Please complete this form. Sign and bring it to Admin. West (2nd floor of CHS) or email to chstravel@unc.edu or fax to: 919-966-6575. If you will possibly visit more than 6 countries, please list on a 2^{nd} Yellow Fever Vaccine Questionnaire. 1. Travel Itinerary: List ALL countries in order of travel. Include layovers in countries of South America, Africa or in Panama. Arrival Date City, Region, or Area Departure Date from Area Country Return date to United States: Have you ever received a yellow fever vaccine? Yes No If yes, date of last yellow fever vaccine Check which of the below vaccines you have received in the last 30 days, or that you plan to receive in the next 60 days: Varicella (chicken pox) **MMR** Zoster (shingles) vaccine Intranasal influenza vaccine Hotels with air-conditioning My accommodations are: Hostels with screening Tent Unknown/varied Local housing/apartment Medical Conditions. Completion required.

	Pregnant	Υ	N	Breastfeeding	Y	N
	HIV Infection	Υ	N	Radiation Therapy	Υ	N
	Immune Deficiency/Cancer	Υ	N	Organ Transplant	Υ	N
	Any thymus disorder: myasthenia gravis, DiGeorge syndrome, thymoma, thymectomy	Υ	Ν	Severe Allergy to eggs	Υ	N
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6.	Medical Condition(s) not listed above:	None
7.	Medications (including antacids/Prilosec):	None
Q	Allergies & Reaction to made vaccines food insects:	None

I understand that this request is for yellow fever vaccine only, and that I should seek out full travel clinic services for a complete set of recommendations for my trip, including malaria prophylaxis medication and other vaccines that might be indicated. I have opted not to use the Campus Health Services International Travel Clinic at this time for a full set of recommendations.