

Yellow Fever Vaccine (YF-VAX) – Referral Form

TO: WRHA Travel Health & Tropical Medicine Services
 Winnipeg, MB R3A 0X7
 Fax: 204-940-8409

Date:
From:
Tel:
Fax:

Please complete all details below: (*Note: referral will not be processed if any information is missing)

Demographic Information (*Complete or Affix Client Demographic Label)

Client Name:	Address with Postal Code:	Date of Departure: _____
PHIN #:		
Manitoba Registration Number:	Home Phone Number:	Destination Countries (*in order):
Date of Birth:	Work or Cell Phone: _____	
Gender:	Email: _____	

Yellow Fever Immunization History: (*check all that apply)

- Received previous yellow fever fractional dose/s (YF-FD) of vaccine; Date: _____
- Received previous full dose of yellow fever vaccine Date: _____
- Received no prior doses of yellow fever vaccine
- Received another live viral vaccine within the past 4 weeks; Date: _____

***YF vaccine should not be given if there is less than 4 weeks since last dose of a live viral vaccines. If client is due to receive a live viral vaccine (such as MMR, MMRV or varicella), DO NOT administer at your clinic, unless you can allow for at least 4 weeks prior to administration of yellow fever vaccine. Identify here, if a live viral vaccine needs to be given at the same time as the YF vaccine.**

Administer: MMR MMRV Varicella

Please ensure ALL of the following points have been reviewed with your client, as applicable:

- Planning a current trip where YF vaccine is indicated (*Check the applicable box)
 - Required for entry purposes
 - Recommended as will be within an endemic area
 - Required for entry purposes as well as recommended due to travel to endemic area
- Recommendation for a booster dose reviewed, as per [provincial guidelines](#)
- Is aware of cost of full dose of YF vaccine (\$175 plus individual visit fee of \$40)
- Is aware of life-long immunity and the need for no further doses of YF vaccine for entry purposes
- Risks & benefits have been discussed and client wishes to proceed with YF vaccine
- There is an identified Caution to receive YF vaccine and client wishes to proceed with YF vaccine:
 - 6-8 months of age
 - 60 years of age or greater (*if no previous history of YF vaccine)
 - Moderate immune suppression
 - Pregnancy
 - Breastfeeding

Upon receipt of referral, our receptionist will contact the client directly, with an appointment date & time.

