**North House Surgery**

**North Street, Ripon, HG4 1HL**

**Telephone : (01765) 690666 Fax: (01765) 690249**

***(Drs McDowall, Moss, Johnson & Dickinson)***

 ***Business Manager: Mr. Nigel Peacock***

**Dear Doctor,**

**Your patient has requested to have a yellow fever vaccination at our practice. As we have no records for this patient we do not know if there are any contraindications to your patient receiving this vaccine. Please could you sign and date below if you are happy for them to receive the vaccine.**

**Regards**

**Nurse Manager.**

**Patients name:**

**There are no contraindications that I am aware of and I am happy for the above patient to receive the yellow fever vaccine.**

**Signature of GP**

**Date.**