

TRAVEL IMMUNISATIONS FORM

For our nurses to order the vaccines you may require, please complete, and return the Travel Immunisations Form to reception **AT LEAST 8 WEEKS** before you travel.

Please be advised that travel vaccines should be given at **least 4-6 weeks** before you travel for them to provide immunity.

Once the form is returned, the practice nurse will be in contact to arrange an appointment.

Please note – all immunisations must be ordered on an individual basis, so to allow for this, your appointment will be at least 2 weeks following return of this form. Please complete both side of the form.

Name:		Date of Birth:	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Email:		Telephone number:	Mobile:
PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW			
Date of departure:		Total length of trip:	
COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			
4.			
Have you taken out travel insurance for this trip?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you plan to travel abroad again in the future?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Holiday	Staying in Hotel	Backpacking	Additional information
Business trip	Cruise ship trip	Camping/hostels	
Expatriate	Safari	Adventure	
Volunteer work	Pilgrimage	Diving	
Healthcare worker	Medical Tourism	Visiting friends/family	

WOMEN ONLY		
Details		
Are you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you breast feeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you planning pregnancy while away?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Vaccination History					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Bone	
Other					
Malaria tablets					

Personal Medical History
<i>Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)</i>
<i>List any current or repeat medications</i>
<i>Do you have any allergies for example to eggs, antibiotics, nuts?</i>
<i>Have you ever had a serious reaction to a vaccine given to you before?</i>
<i>Does having an injection make you feel faint?</i>
<i>Have you recently undergone radiotherapy, chemotherapy or steroid treatment?</i>

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccinations being given:

Signed:.....
 Date:.....