

Barwell & Hollycroft Medical Centres



TRAVEL CONSULTATION APPLICATION FORM

This form is to be completed and returned **at least 6 weeks prior to your departure date**. If the requests are received at short notice, (less than 6 weeks), we may not be able to provide you with an appointment, and you may have to seek alternative providers to deliver your travel vaccinations.

NAME:	ADDRESS:
D.O.B:	Contact Telephone Number:
Departure Date:	Return Date:
Total Number of Days Travelling :	

TELL US ABOUT YOUR HOLIDAY / TRIP:

	Country	Region	Urban or Rural	Purpose of visit. Holiday / Business or visiting family	Accommodation Hotel / Cruise/ Family Home/ camping	Length of stay
1.						
2.						
3.						
Do you plan any high risk activities? (Hiking, Scuba Diving ect) If so what are they?						
Do you have any allergies: E.G Eggs, Latex, and Thimerosal?						
Do you have any medical or psychiatric conditions?						
Are you pregnant, planning to get pregnant or Breast feeding?						

Do you have any conditions or take any medication that suppresses your immune system. E.G Methotrexate.

Some Vaccinations are available on the NHS, if they are recommended by the Department of Health for the area you are travelling to. These are:

- Cholera
 - Typhoid
 - Hepatitis A
 - Diphtheria / Tetanus / Polio
- MMR

FOR CLINICIAN USE ONLY			
DISEASE / PROTECTION	Recommended for the trip	Vaccination Required?	Advice Given
Diphtheria / Tetanus / Polio			
MMR			
Hepatitis A			
Hepatitis B			
Typhoid			
Rabies			
Japanese Encephalitis			
Dengue Fever			
Yellow Fever			

Malaria	Recommended for this trip	Chemoprophylaxis recommended?	Advice Given

Signed by member of staff: _____

Position: _____

Date: _____