

Brinnington Surgeries

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Going Abroad? Travel Vaccine Assessment Form

If you are going abroad you may need travel vaccinations for your trip. To help us advise you, please fill in and return this questionnaire as soon as possible.

Please make an appointment to see a Practice Nurse <u>AT LEAST 8 WEEKS BEFORE YOU</u> TRAVEL.

Name: Date of Birth:

Tel no:______

Mobile no:

Please answer the following questions:

- 1. Which country are you visiting?
- 2. What type of accommodation are you staying in (e.g. Hotel, Camping etc)
- 3. Departure date and duration of stay?
- 4. Are you pregnant or planning pregnancy?
- 5. Please list medications including any received from hospital or chemist
- 6. Are you allergic to anything?_____
- 7. Please list any vaccinations already received.

8. Have you taken out travel insurance? Yes / No (please circle)

CONSENT

I have received and understood the advice given regarding:

a) Vaccination requirements, including anti-malarial prophylaxis;

b) General preventative measures.

SIGNATURE DATE

Anti-malarials:	Leaflets given:
1.	
2.	
3.	
	1. 2. 3.



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