**Drs M Jeyam & R Jesudas Immunisation Form**

**One form for each traveller**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | First Name: |  |
| Address: |  | DOB: |  |
| Tele No: |  |
| Postcode: |  |
| Which town/city/village/country are you visiting? |  |
| When do you leave? | Date: |  |
| How long are you staying there? |  |
| Will you be: |
| Staying in rural areas for more than 3 months? | No Yes  |
| Backpacking for more than one month? | No Yes  |
| Will you be at higher risk e.g. medical/animal work? | No Yes  |
| Are you taking steroids or immunosuppressant drugs? | No Yes  |
| Are you pregnant? | No Yes  |
| Are you allergic or ever reacted badly to a vaccine? | No Yes  |
| Have you had any vaccines before registering at this practice? | No Yes  |
| Most recent vaccination if known: | Year |
| Tetanus & Polio |  |
| Typhoid |  |
| Meningitis ACWY (not childhood or school leaving) |  |
| Hepatitis A |  |
| Hepatitis B |  |
| Rabies / yellow fever |  |
| Other travel vaccine |  |
| I confirm the answers are correct to the best of my knowledge |
| Patient/guardian’s signature: Date: |

**For Practice Use**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Last** | **Advice** | **Certificate** | **Date Given** |
| Tetanus & Polio |  |  |  |  |
| Typhoid |  |  |  |  |
| Hepatitis A |  |  |  |  |
| Hepatitis B |  |  |  |  |
| Meningitis ACWY |  |  | Certificate required? |  |
| Seasonal Flu |  |  | Certificate required? |  |
| Swine Flu |  |  | Certificate required? |  |
| Yellow Fever |  |  |  |  |
| Rabies |  |  |  |  |
| Other |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Malaria Advice** | **Tick** | **Other Comments** |
| Paludrine |  |  |
| Chloroquine |  |  |
| Paludrine & Chloroquine |  |  |
| Malarone, Mefloquine or Doxycline |  |  |
| Aware Only |  |  |