

### Travel Vaccination Form

Please complete Stage 1 and 2 on this form prior to your travel appointment and return to reception

NAME	M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH:
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ADDRESS

EMAIL ADDRESS	TEL
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**STAGE 1**  
 Please visit [www.travelhealthpro.org.uk](http://www.travelhealthpro.org.uk) or [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk) to find out what vaccines you will require for your travel. Please tick what vaccines you believe you require:

NHS Vaccines		Non NHS Vaccines	
Vaccine	Required Yes/No	Vaccine	Required Yes No
Polio		Hepatitis B	
Typhoid		Meningitis Vaccines	
Hepatitis A		Rabies	
Cholera		TB	
Diphtheria		Yellow Fever	
Tetanus		Japanese Encephalitis	
		Others	

Please include date of private travel clinic appointment:   
 (if applicable)

**STAGE 2**  
 If you require any vaccines from the Non NHS Vaccine list please first attend a Travel Clinic to receive these vaccines, a travel vaccine schedule and the travel advice required. Then bring your travel schedule along with this completed travel form to reception or email it to [admin.thornbrook@nhs.net](mailto:admin.thornbrook@nhs.net). Please then arrange an appointment with a Practice Nurse to attend for your NHS vaccines if still required.  
 If you only need NHS vaccines please complete this travel form and hand it into reception. Please then make an appointment with a Practice Nurse to attend for your NHS eligible vaccines.  
***Please also check the need for anti-malarial tablets and if needed they can be purchased from the surgery on a Private Prescription for £14 or you can source them from an online pharmacist***

**DESTINATIONS** – COUNTRIES, EXACT REGIONS AND RESORTS (Include any stopovers on the journey)

<b>REASON FOR TRAVEL</b> <i>Holiday / Work / Other</i>	<b>LENGTH OF STAY</b>
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<b>DATES OF TRAVEL</b>	<b>TYPE OF ACCOMODATION/S</b> (e.g. hotel, self-catering, camping, backpacking etc.)
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PLEASE LIST ANY  
**ALLERGIES**

PLEASE LIST ALL  
**CURRENT MEDICATION**

**Please confirm before your appointment that you have sort advice for the following (please tick):**

- Sun protection
- Correct and appropriate Travel Insurance
- Insect repellent
- DVT Prevention
- Diarrhoea and vomiting
- Altitude Sickness
- Altitude sickness (if appropriate)

Are you **pregnant** or might you be before you travel?    Yes / No

**VACCINATION HISTORY**

(Ask for help if you need it. State if you have had any of the following vaccinations/tablets, and note any previous adverse reactions)

INJECTION	Yes / No	Date	INJECTION	Yes / No	Date
Tetanus			Hepatitis A		
Polio			Hepatitis B		
Rabies			Cholera		
Yellow fever			Meningitis A/C		
Tuberculosis			Malaria		
Typhoid			Diphtheria		
Influenza			Jap B Enceph		
Malaria Tablets			Tick Borne		

**Have you had a blood test for Hepatitis A or B?**    Yes / No

Any additional information:

Patient signature \_\_\_\_\_ Date \_\_\_\_\_