

GOING ABROAD ON HOLIDAY OR BUSINESS?

You may need travel vaccinations, depending on the country or countries you intend to visit. To help us advise you on the protection you need, please complete this form and then make an appointment to consult the Practice Nurse at least **12 weeks** before you wish to travel. Bring your completed form to your appointment, and read the advice leaflet before you come.

NAME & ADDRESS -----

TELEPHONE NUMBER -----DATE OF BIRTH -----

1. WHICH COUNTRIES DO YOU INTEND TO VISIT (INCLUDING BRIEF STOPOVERS) AND HOW LONG WILL YOU STAY IN EACH COUNTRY? -----

2. WILL YOU BE STAYING IN HOTELS OR UNDER MORE PRIMITIVE CONDITIONS (eg CAMPING)?-----
3. IS YOUR TRIP BUSINESS OR PLEASURE?-----
4. DOES YOUR JOURNEY INCLUDE: COASTAL AREAS ----- INLAND AREAS -----
5. DO YOU PLAN ANY SAFARIS, JUNGLE EXPLORING OR TRAVEL IN DIFFICULT TERRAIN? -----

6. DEPARTURE DATE ----- DURATION OF STAY -----
7. HAVE YOU HAD ANY OF THE FOLLOWING VACCINATIONS AND IF SO WHEN?
Typhoid ----- Rabies -----
Tetanus ----- Polio -----
Yellow Fever ----- Hepatitis A -----
Meningococcal -----
8. ARE YOU PREGNANT OR ARE YOU LIKELY TO BECOME PREGNANT IN THE NEXT THREE MONTHS? -----
9. ARE YOU ALLERGIC TO ANYTHING? -----
10. DO YOU SUFFER FROM ANY MEDICAL PROBLEM? -----
11. ARE YOU ON ANY MEDICATIONS, eg STEROIDS, OR HAD ANY RADIOTHERAPY OR IMMUNOSUPPRESSANTS RECENTLY? -----
12. HAVE YOU EVER REACTED BADLY TO PREVIOUS VACCINES? YES/NO
13. DO YOU NEED INFORMATION ON HOW TO AVOID CONTRACTING AIDS? YES/NO

I confirm my answers and request vaccination and malaria advice.

Signed ----- (Parent if under 16)

SCHEDULE	Needed	Ordered	1st Visit	2nd Visit	3rd Visit
Yellow Fever					
Polio					
Tetanus					
Typhoid					
Cholera					
Gamma Globulin					
Hep A – Avaxim or Havrix Mono					
Rabies					
Japanese Enc					
Hep B					
Meningococcal A & C					
Tick borne encephalitis					
Diphtheria					
BCG					
Hep B & Aids kit advice					
Prescription					
Signature					
Malaria tablets					
Malaria advice					
Notes					