

**HEADLANDS SURGERY
FOREIGN TRAVEL VACCINATIONS AND IMMUNISATION**

**For travellers departing in 4 weeks or less you are advised to make alternative arrangements, as we are unable to process ANY applications at such short notice.
THIS APPLICATION WILL TAKE 7 WORKING DAYS TO PROCESS**

Please complete this form for each person travelling and return it ***at least six weeks*** prior to travel. This enables the Practice Nurse to process your travel requirements.

Name:..... Date of Birth:.....
Address:..... Daytime Phone No:.....
..... Child Age & Weight:.....

Countries to be visited, including stopovers	Dates	From	To	Types of holiday (business, pleasure, family) inc. accommodation

Please tick the box if you plan any activities that may put you at a higher risk whilst abroad, such as; medical tourism, handling animals, sexual tourism or adrenalin sports

PERSONAL & MEDICAL HISTORY (inc. any current illness)

	Yes	No
Heart & Lung		
Asthma		
Diabetes		
Epilepsy		
Undergoing Chemo- or Radiotherapy		
Removal of Spleen		
Pregnancy/Breast –feeding or trying to become pregnant		
Have you reacted badly to any previous vaccine? If YES please give details.		
Have you any severe allergies (e.g. eggs, nuts, antibiotics)? If YES please give details.		
Do you have any other current medical problems? If YES please give details.		
Insurance		

Form received by (Name)

Form returned on (Date)

Patient advised to ring on (Date)

(7 working days from when form returned)