

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. <u>THIS APPLICATION WILL TAKE 7 WORKING DAYS TO PROCESS.</u>

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

 Name:
 Date of Birth:

 Address:
 Date of Birth:

 Daytime Tel No:
 Mobile No:

 Email Address:
 Child Age &Weight:

Countries to be visited,	Dates		Type of Holiday(business, pleasure,	
including stopovers	То	From	family) inc. accommodation	
Please tick the box if you plan any activities that may put you at 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 current medical problems? If YES please give details		
Insurance		
Have you had vaccines at a Private Clinic/Pharmacy? If YES please give details of Vaccine, date and where this was given.		