



IMMUNISATION FOR FOREIGN TRAVEL



PLEASE COMPLETE ALL OF THIS FORM TO THE BEST OF YOUR KNOWLEDGE. IT IS STRONGLY ADVISED THAT YOU CONTACT THE PRACTICE AS SOON AS POSSIBLE BEFORE YOU TRAVEL AS AN APPOINTMENT CANNOT BE GUARANTEED AT SHORT NOTICE.

SURNAME: _____ FIRST NAME: _____
 ADDRESS: _____ DoB: _____
 _____ Tel No: _____

DATE OF TRAVEL:

I will be visiting the following countries (please give details of the resort(s)/region(s) to be visited). Remember to list any countries you will be traveling through.	Time in country (days)	Purpose of trip e.g. business/holiday/visiting relatives	Type of accommodation e.g. hotel/hostel/campsite

MEDICAL HISTORY:

ARE YOU TAKING ANY MEDICATIONS? YES/NO
 ARE YOU PREGNANT OR THINK YOU MAY BE? YES/NO
 ARE YOU BREASTFEEDING YES/NO
 HAVE YOU REACTED TO A PREVIOUS VACCINE, EGGS OR ANTIBIOTICS? YES/NO

PLEASE GIVE DETAILS OF ANY PREVIOUS TRAVEL VACCINATIONS BELOW:

DATE	VACCINATION

Further information can be found at <http://www.fitfortravel.nhs.uk/> and <http://www.nathnac.org>. The foreign office also contains information and advice on travel at <http://www.fco.gov.uk>

Please ensure you have adequate travel insurance, medications for your travel.

I CONFIRM THE ABOVE ANSWERS TO BE CORRECT TO THE BEST OF MY KNOWLEDGE AND REQUEST IMMUNUSATION AS APPROPRIATE TO MY TRIP TOGETHER WITH ADVICE ON ANTI-MALARIAL DRUGS.

PATIENTS SIGNATURE: _____ **DATE:** _____
 (PARENT IF UNDER 16)