

HOLIDAY/TRAVEL VACCINATIONS

NAME _____

DATE OF BIRTH _____

ADDRESS

DATES OF TRIP	
COUNTRY TO BE VISITED	
LENGTH OF STAY	

PLEASE TICK APPROPRIATE REASONS FOR YOUR TRIP: **THIS FORM SHOULD BE RECEIVED AT LEAST 6 MONTHS BEFORE TRAVEL.**

TYPE OF TRIP	BUSINESS	PLEASURE	OTHER	
HOLIDAY TYPE	PACKAGE	SELF ORGANISED	BACKPACKING	
	CAMPING	CRUISE SHIP	TREKKING	
ACCOMMODATION	HOTEL	RELATIVES/FAMILY	OTHER	
TRAVELLING	ALONE	WITH FAMILY/FRIEND	IN A GROUP	
AREA STAYING IN	URBAN	RURAL	ALTITUDE	
PLANNED ACTIVITIES	SAFARI	ADVENTURE	OTHER	

VACCINES RECOMMENDED BY TRAVEL COMPANY:-

PLEASE LIST

PERSONAL MEDICAL HISTORY:

Do you have any recent or past medical history (including diabetes/heart or Lung Conditions?)

List any medications that you take

Do you have any allergies for example to eggs, antibiotics, nuts _____

Have you ever had a reaction to a vaccine given to you before _____?

Does having injections make you feel faint _____

Do you or any family member have epilepsy
 _____?

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Do you have any history of Mental Illness including Depression or Anxiety
_____?

Have you recently had radiotherapy, Chemotherapy or steroid Treatment _____?

WOMEN ONLY:

Are you pregnant or breast feeding _____

Have you taken out travel Insurance
_____?

VACCINATION HISTORY

HAVE YOU EVER HAD ANY OF THE FOLLOWING VACCINES/MALARIA TABLETS AND IF SO WHEN?

TETANUS		POLIO		DIPHTHERIA	
TYPHOID		HEPATITIS A		HEPATITIS B	
MENINGITIS		YELLOW FEVER		INFLUENZA	
RABIES		JAP B ENCEPH		TICK BORNE	
MALARIA TABLETS					

Risk Assessment completed with the Nurse:

FOR WOMEN:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed Dated.....

FOR MEN

I have received information on the risks and benefits of vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

NHS VACCINES –(Available on prescription only. Cost per item payable to chemist is £8.60

Hepatitis A

Typhoid

Combined Hepatitis A and Typhoid

Tetanus, Diphtheria and Polio combined vaccine

Cholera

TRAVEL VACCINES WHICH CANNOT BE GIVEN AS A NHS SERVICE

MALARIA = £10.00 Private Prescription Charge.

Hepatitis B = £10.00 Private Prescription Charge + £25.00 Nurse Charges

Meningitis ACWY = £10.00 Private Prescription Charge + £25.00 Nurse Changes

Yellow Fever (Only available at Specialist Travel Clinics)

Japanese B Encephalitis (Only available at Specialist Travel Clinics)

Rabies (Only available at specialist travel clinics)

FOR OFFICIAL USE: Completed By: