

**GOING ABROAD ON HOLIDAY  
OR BUSINESS ?**

You may need travel vaccinations depending on the country or countries you intend to visit.

As the vaccines are not immediately effective please see the Practice Nurse at least 8 weeks before you travel (12 weeks for a trip in a remote area).

If you want to discuss anything with the nurse before your appointment, please leave a contact no. and a rough outline of your query.

On completion of this form please hand it in to the receptionist and make your appointment.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

Date of birth and age \_\_\_\_\_

1. Which countries do you intend to visit (Including brief stopovers) ?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Departure date. \_\_\_\_\_

3. Duration of stay abroad. \_\_\_\_\_

4. Will you be staying in;

Hotels ? \_\_\_\_\_

Private homes ? \_\_\_\_\_

Camping ? \_\_\_\_\_

Other ? \_\_\_\_\_

5. Will you be staying:

Only in coastal areas ? \_\_\_\_\_

Only in rural areas ? \_\_\_\_\_

APPOINTMENT DATE.. \_\_\_\_\_

6. Do you plan any safaris, jungle exploration, travel in unusual terrain or staying at high altitude ?  
\_\_\_\_\_  
\_\_\_\_\_

7. Are you pregnant ? \_\_\_\_\_

Trying to conceive ? \_\_\_\_\_

8. Are you allergic to anything, in particular antibiotics or eggs ?  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you taking tablets or medicines prescribed by a Dr. either on a regular basis or prescribed recently ? Please list.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you have or have you ever had any long-standing medical condition or are you having regular follow-ups by a Dr. for any medical condition ? Please list.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you ever had an adverse reaction to any vaccine ? If so, which one ?  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you have a tendency to faint ?  
Yes ? \_\_\_\_\_ No ? \_\_\_\_\_

NB: If you have a temperature on the day of your vaccine you will be unable to have it

It is important to let us know if you are HIV positive..

VACCINATION SCHEDULE.

Have you ever had any of the following  
Vaccinations and if so when ?

FOR PRACTICE NURSE ONLY  
Recommended Vaccination For travel.      Up to date.      Required      Given

	Recommended Vaccination For travel.	Up to date.	Required	Given
Tetanus				
Polio				
Hepatitis A 1 or 2 ?				
Typhoid				
Meningitis C or A & C ?				
Yellow Fever				
Hepatitis B X3 ? Booster ?				
Rabies				
Diphtheria				
Encephalitis tick-borne				
Encephalitis Japanese B				
BCG				

I confirm that answers given are correct to the best of my knowledge and request.  
Immunsation appropriate to my trip, together with advice on anti-malaria prevention.

Signature (parent if under 16) \_\_\_\_\_ Date \_\_\_\_\_

FOR PRACTICE NURSE ONLY.  
Anti-Malarials required.

PROGUANIL.

CHLOROQUINE

PROGUANIL/CHLOROQUINE TRAVEL PACK

MEFLOQUINE

DOXYCYCLINE

Prescription Required YES NO  
Prescription Issued YES

Practice Nurse signature \_\_\_\_\_

GP signature \_\_\_\_\_

Thank you to everyone for completing the form.