

# TRAVEL VACCINATION ADVICE FORM

We provide a foreign travel vaccination and advice service for all patients registered with the practice. We are also a recognised Yellow Fever Vaccination Centre and can provide this service for anyone even if not registered at this surgery.

Some vaccinations need to be started at least 6 weeks prior to travel, so please ensure you complete this form and book an appointment with the nurse about 8 weeks before your departure date. As this is not a core NHS service, during busy times core services will be given priority, so please make sure you plan ahead.

You will need to make two appointments with the nurse, 10 minutes each, at least 24 hours apart. The first appointment is to discuss the information on this form and establish what, if any, vaccinations are needed. No vaccinations will be given at this first appointment.

Please fill in the form below with as much detail as possible and bring it to your first appointment.

Name: ..... Date of Birth: .....

Address: .....

Telephone No: .....

Date of Travel: .....

	Country and type of area e.g. Town/Coastal	Hotel/Back Packing/ Self Catering/Safari/ Jungle/Camping	Arrival Date	Departure Date	No. of Days
1					
2					
3					
4					
5					
6					

**PLEASE NOTE:**

Some vaccinations are not covered by the NHS and will incur a fee, e.g. Yellow Fever or Rabies, and Malaria is issued by the GP as a private prescription which will be charged for by the chemist. Please ask for costs before having vaccinations. Payment will be asked for at the start of a course.

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Have you ever had a reaction to a vaccination? YES / NO

If yes, give details: .....

Are you pregnant? YES / NO

Are you trying to become pregnant? YES / NO

Are you on any chemotherapy at present? YES / NO

Are you on oral steroids? YES / NO

Do you suffer from:

- Diabetes YES / NO
- Heart problems YES / NO
- Breathing problems YES / NO

Any history of allergies? YES / NO

If yes, please specify: .....

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PLEASE SIGN THE FOLLOWING DECLARATION. If signing for a child, please state relationship.

I have given the information above to the best of my knowledge and accept that if I subsequently change my travel plans I will not hold Thorpe Road Surgery responsible for any inaccuracies in the medical advice given to me as a result of these changes.

I also consent to the administration of appropriate travel vaccinations.

Name: ..... Signature: .....

Today's Date: ..... Relationship if signing on behalf of a Child:

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