

FOREIGN TRAVEL – IMMUNISATION¹

The nurse will advise you of any likely charges at your first appointment.
Fill in one form for EACH traveller. Please make your appointment for the Travel Clinic with the Receptionist when you hand in your forms.

SURNAME	FIRST NAME
ADDRESS	PHONE NO.
AGE	SCHOOL
What Country are you visiting?	
When are you leaving?	
How long are you staying?	
Are you stopping anywhere else on the journey (to change flights for example)	YES / NO
If YES where?	
If YES for how long? (HOURS/DAYS/WEEKS)	
Will you camp, sleep rough or stay in any other than private homes or hotels?	YES / NO

If you have recently joined our practice, have you previously been immunised against

	YES / NO	YEAR
POLIO		
TYPHOID		
TETANUS		
DIPHTHERIA		
YELLOW FEVER		
MENINGITIS		
HEPATITIS A		
HEPATITIS B		
		DETAILS
Have you had any medical problems needing regular supervision?		
Are you taking any steroids?		
Are you taking any other regular medication?		
Could you be pregnant?		
Have you reacted badly to previous vaccines?		Which?
Are you allergic to any antibiotics?		Which?
Are you on any anticancer treatment?		

- I request vaccination and malaria advice based on the information I have provided above. (Parents to sign for patients aged below 16 years of age)
- I hereby give my consent to receive travel advice & all vaccinations recommended.
- **I confirm my answers and request vaccinations and malaria advice. I agree to pay the charges as detailed on the attached tariff of charges;** (please also print this and attach).

SignedName Date

¹ **Consent form to be scanned into patient clinical medical records**
 (downloaded from www.honitonsurgery.org)