

Name :

Tel No:

Address :
.....

PATIENT TO COMPLETE

Country/countries to be visited	Specific areas to be visited within the country/countries	Dates visiting each area	Type of travel, hotel, cruise, safari, backpacking

1. Have you had a tetanus injection that may not be in your surgery records? eg hospital
2. Some vaccines and anti-malarials may be contra-indicated in pregnancy.
3. For female patients – Is there any possibility of pregnancy / trying to conceive?
4. Some vaccinations are chargeable, ie Yellow Fever, Hep B, Rabies, Meningitis ACWY, Japanese Encephalitis as well as Malaria tablets
5. Malaria tablets can be ordered through the surgery.

IT IS YOUR RESPONSIBILITY TO CONTACT THE SURGERY TO CHECK IF ANY VACCINATIONS/MALARIA TABLETS ARE NEEDED. PLEASE ALLOW 3 WORKING DAYS.

PRACTICE NURSE TO COMPLETE

ENTERED ON COMPUTER :

Vaccinations in date	Vaccinations usually recommended	Malaria medication options	Travel sheets to be given
	Vaccinations to be discussed		Rabies Food and water hygiene Insect bite avoidance/protection Hep B Sun protection
		Yellow Fever	