

Please download and complete this form and hand it in at the Surgery as soon as possible before departure. Please ring the surgery 2 weeks after handing in your form to find out if vaccinations are recommended, and if so to make an appointment with the nurse.

**NB. – Some vaccinations take 4 weeks to complete the course.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Contact Te No(s): \_\_\_\_\_

Date of Departure: \_\_\_\_\_

**Please list each country to visited, including cruises and specify length of time to be spent in each country.**

<u>COUNTRIES TO BE VISITED</u>	<u>AREAS TO BE VISITED</u>	<u>LENGTH OF STAY</u>

**ACCOMMODATION: Please tick any that apply.**

Hotel \_\_\_\_\_ Hotel \_\_\_\_\_ Hostel \_\_\_\_\_ Family home \_\_\_\_\_ Camping \_\_\_\_\_ Other \_\_\_\_\_ Please specify.

**High risk activities – please give details**

**MEDICAL INFORMATION**

Steroids Y/N	Oral Contraception Y/N	Pregnant Y/N	Planning a pregnancy prior to departure? Y/N	Allergies Y/N
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**If you have answered yes to Allergies please specify; \_\_\_\_\_**

<u>Please list any current medical problems</u>	<u>Please list any current medication</u>

I confirm my answers to the above questions and request vaccination and malaria advice. I understand that an administration fee of will be charged currently £12 per person or £25 per family. Some vaccinations are not available under the NHS and can only be provided on a private basis. Payment for such vaccinations will be required at the 1<sup>st</sup> appointment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian if under 16)

**For surgery use only: Date received \_\_\_\_\_ By whom \_\_\_\_\_**