

Please download and complete this form and hand it in at the Surgery as soon as possible before departure. Please ring the surgery 1 week 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 1st appointment.

Signed _____ Date _____

(Parent/Guardian if under 16)

For surgery use only: Date received _____ By whom _____