Travel Vaccination Form

Name	Date of Birth	Contact Telephone Number	

Date of Travel	Destination	Duration of Stay

Accommodation:	Hotel/Hostel/Family Home/Backpacking(please circle)
High Risk Activities:	White Water Rafting/Trekking/Paragliding/Diving/ Invasive Procedures e.g. Tattoo's /None(please circle)

Relevant Medical History (e.g. Immunosuppressed, Pregnant/planning pregnancy, History of Splenectomy, Allergies):

Following receipt of this form, the practice does not contact the patient with the travel vaccination recommendations. Please allow 2-3 working days before contacting the practice for the recommendations.

I confirm that the above information is correct and that I have read the above statement:

Patient/Carer Signature:

Date:

For Practice Nurse use only

Vaccine		Vaccine	Vaccine		
		Recommended	Required		
Diphtheria					
Tetanus	(Primary immunisation Course of 5. If no history of Tetanus				
	Immunisation a course of 3 will be required. Lasts for at least 10 years)				
Polio					
Typhoid	(Lasts for 3 years)				
Hepatitis A	(Lasts for 12 months, but if second dose given lasts up to 25 years.				
	A different vaccine is used for patients 16 years and under and				
	a second dose gives 10 year protection)				
Hepatitis B	(Private Travel Vaccination – please contact TravelDoc (0800 583 331				
	www.travel-doc.co.uk or Urgent Care Centre 0115 8838500)				
Yellow Feve	r (Will need to attend a Yellow Fever Centre – charges apply)				
Other Vacci	nes:				
Malaria	Seek advice from a Pharmacy				
Other more specialist vaccines may be required if travelling to certain countries which are not the usual holiday					

Other more specialist vaccines may be required if travelling to certain countries which are not the usual holiday destinations.

Signature:

Date: