

Travel Immunisation Form

Dear Patient,

If you receive vaccinations within two weeks of travelling, we cannot guarantee that you will have full immunity. We ask all patients to book their appointments for travel **vaccinations at least 6 weeks before travelling.**

Please be aware, that if you intend to travel within the **next 2 weeks, we may not be able** to offer you an appointment with the Practice Nurse for immunisations. Therefore you may be advised to attend a private travel clinic where you will have to pay for your vaccinations.

Many Thanks
Island Medical Centre

Date form received from patient and staff Initials _____ (Put in Nurses Pigeon Hole)

Full Name of Patient Travelling _____

Date of Birth (dd/mm/yyyy) _____

Contact Number _____

Please complete the table below listing all the locations you will travel to, when you are planning to travel and how long you will stay in each location.

	Where?	When?	How Long?
Location 1			
Location 2			
Location 3			

What are your reasons for Travelling?

Occupation Holiday Family/Friends Other (please state) _____

Have you ever had any of the following vaccinations/malaria tablets and if so, when?

Vaccinations	Yes (Tick)	When
Disease protection		
Hepatitis A		
Hepatitis B		
Typhoid		
Cholera		
Tetanus		
Diphtheria		
Polio		
Meningitis ACWY		
Yellow Fever		
Rabies		
Japanese B Encephalitis		
Other		

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: _____

Date: _____