FORESTSIDE MEDICAL PRACTICE
TRAVEL IMMUNISATION PLAN AND CONSENT

Surname ……………………………………………. First Name ……………………………………………………

Address ……………………………………………… Date of Birth ………………………………………………………..

……………………………………………………………. Weight (children only) ……………………………………………….

Which Countries …………………………….. When Travelling ……………………………………………………….

How Long ………………………………………….. Stopping Off? Where ……………………………………………...

Hotel Stay: YES/NO Backpacking: YES/NO Rural Areas: YES/NO S/Catering YES/NO

Are you taking regular medications? YES/NO – What ………………………………………………………………..
Have you reacted badly to any previous vaccine YES/NO ………………………………………………………………..
Which ………………………………………………………………..

Are you allergic to any medicines? YES/NO - Which ……………………………………………………………….

Have you had Yellow Jaundice or Hepatitis YES/NO
Are you pregnant? Or think you may be pregnant YES/NO
Are you allergic to egg YES/NO
Are you taking Steroid Tablets YES/NO
Have you had your spleen removed YES/NO

I confirm that the above answers to be correct to the best of my knowledge. I agree with the recommended vaccinations and request immunisation appropriate to my trip together with advice on anti-malaria drugs. I agree to pay the cost of any vaccinations, private prescriptions or travel equipment this advice may incur.

Patients signature ………………………………………….. Date ……………………………………………….

(For Office Use Only) – Previous vaccination dates

TET	POL	DIP/TET	TYPH Vi	HEP A HAVRIX MONO	HEP B	GG	MENG A&C	Y/FEVER	OTHER

RECOMMENDED VACCINATIONS FOR THE COUNTRIES YOU ARE TRAVELLING TO:

TET	POL	DIP/TET	TYPH Vi	HEP A HAVRIX MONO	HEP B	GG	MENG A&C	Y/FEVER	OTHER

Advice re Long haul flight YES/NO
Anti-malarials recommended YES/NO

PAYMENT MUST BE MADE IN ADVANCE BY CHEQUE OR CASH ONLY – AFTER PAYMENT THE FORM SHOULD BE STAMPED AS PAID AND SCANNED IN THE NOTES. THIS FORM MUST COMPLETED & SIGNED BY THE PATIENT. A PHOTOCOPY MUST BE PLACED IN THE PAPER NOTES