

The Mayflower Medical Practice

TRAVEL/HOLIDAY VACCINATIONS

Please complete this form and return it to the Receptionist.
The Practice Nurse will return this form to you by post and, if necessary, contact you by phone to discuss your holiday requirements.

Name _____ D.O.B _____

Address _____

_____ Tel No _____

DESTINATIONS (Country and Resort, include any stopovers on the journey)

REASON FOR TRAVEL Holiday / Work LENGTH OF STAY _____

DATE OF TRAVEL _____

TYPE OF ACCOMMODATION (eg. hotel/self catering/camping/backpacking etc.)

PLEASE LIST ANY ALLERGIES _____

PLEASE LIST ANY REGULAR MEDICATION _____

ARE YOU PREGNANT OR MIGHT YOU BE BEFORE YOU TRAVEL? Yes / No

PREVIOUS INJECTIONS (Ask for help if you need it)

INJECTION	YES/NO	DATE	INJECTION	YES/NO	DATE
Tetanus			Hepatitis A		
Polio			Hepatitis B		
Yellow Fever			Meningitis A/C		
Typhoid					

HAVE YOU HAD A BLOOD TEST FOR HEPATITIS A OR B? Yes / No

Patient Signature _____ Date _____

To be completed by the PRACTICE NURSE:

	YES	NO	COMMENTS
Peroxis			
Hepatitis A			
Typhoid			
Hepatitis B			
Yellow Fever			
Malaria Tablets *			

Nurse Signature _____ Date _____

NOTES FOR TRAVELLERS

Please arrange to have any travel vaccinations with the Practice Nurse (except Yellow Fever) at least 14 days before you travel.

You are advised to read the HEALTH ADVICE FOR TRAVELLERS. Phone 0800 555777 any time to receive a free copy. Copies also available at the surgery and at post offices.

* Malaria tablets are not prescribed free by the NHS. You will have to buy them from the Chemist. Note that for certain types of tablets, you will need a private prescription from the doctor before the chemist will dispense them.