

Please complete the travel enquiry form below as fully as possible and hand into the Surgery at least 6 weeks prior to travel.

Requests not submitted at least 6 weeks prior to travel may mean there will be insufficient time to deal with your enquiry and arrange vaccinations and you may then be referred to a private travel clinic, where you will have to pay for required vaccines.

If you provide an email address we can use this to contact you if unable to contact by telephone.

Email.....

<p>DATE OF TRAVEL ENQUIRY -----</p> <p>Name: -----</p> <p>DOB: -----</p> <p>Address: -----</p> <p>Tel No: -----</p> <p>Child's Weight (Kg) -----</p>	<p>Destination(s): Please be as specific as possible re regions/countries if going outside Europe</p>	
	<p>Departure Date: -----</p> <p>Duration of Stay: -----</p> <p>How are you travelling? -----</p> <p>Direct or stopovers? -----</p>	

- | | | | | |
|---------------|----------------------------|---------------|--------------|-------------------|
| Accommodation | Hotel | Self-Catering | Camping | Relatives |
| Destination | Tourist Resort | Rural | Back packing | Cruise |
| Risks | Living/Working with locals | Long Stay | Occupational | Sporting (circle) |

Immunisations	Date last vacc	OFFICE USE	Immunisations	Date last vacc	OFFICE USE
Tetanus			Yellow Fever		
Diphtheria			Rabies		
Polio			Meningococcal		
Typhoid			MMR		
Hepatitis A			BCG		
Hepatitis B			OTHER:		

Pregnant?	Yes	/	No
Planning pregnancy in next 3 months?	Yes	/	No
Breastfeeding?	Yes	/	No

Significant medical history including: depression, psoriasis, kidney failure?

Medications including any over the counter?

Known allergies or any previous reactions to vaccines in the past?

Notes: Any additional information that you want to provide that may be relevant to your travel needs?

Patient/Parent/Guardian Signature:

Date: