

Travel Vaccination Form

Name:	Date of Birth:		
Telephone Number:	Age:		
Mobile:	Consent to SMS Text	Yes:	No:
HOLIDAY DETAILS:			
Date of Departure:	(Please Note: 8 Weeks' Notice is Required)		
Destinations:	Duration of Stay:		
1)			
2)			
3)			
Type of Holiday. Please give a brief description of what you are doing and where you are staying.			
PERSONAL MEDICAL HISTORY			
Current or Past Medical History:			
List Medication:			
Any Allergies?			
Any History of Mental Illness or Depression?			
Pregnant or Planning Pregnancy?			
Any Other Relevant Information?			
Vaccination History Have You Had all Your Childhood Vaccines? Please list any vaccines you have had with dates and bring any documentation with you to the appointment.			Yes / No
Insurance: Have you taken out insurance? We strongly recommend taking out travel insurance.			Yes / No
Declaration: I confirm that the above details are correct and consent to any vaccines required:			
Sign:		Date:	

You can look on **Fit for Travel** to see what vaccinations you require – <http://fitfortravel.nhs.uk/home.aspx>

Admin Use Only:	Check Box
Appointment Required:	
Telephone Appointment Required:	
Document Scanned onto Patient's Notes	
Document Filed in Holiday Folder:	
Appointments Booked:	
If Required Document Money Received:	
Update Phone and Consent to SMS Status:	

Vaccines	Recommended	Consider	Schedule	Dose	Vaccine
Hepatitis A			2 Doses Total 0 and 6-12 months	See Guidelines	No Charge
Hepatitis B			0, 1, 6 months (3 Doses) OR 0, 1, 2 months (Booster 1 Yr) OR 0, 7, 21 Days (Booster 1 Yr)	Engerix B 10mcg Not <18 Yrs	Charge
Typhoid			Single Dose 3 Yearly	Typhim	No Charge
Cholera			Oral Preparation 0 and 2-6 Weeks	Dukoral 2 Sachets	Script
Tetanus/Dip/Polio			Single Dose 10 Yearly		No Charge
Meningitis ACWY			Single Dose 3-5 Yearly	See Guidelines	Charge
Yellow Fever			Single Dose 10 Yearly	Stamaril 0.5ml	Charge
Rabies			3 Doses 0, 7 and 21-28	Rabies Vaccine	Charge
Japanese B Encephalitis			2 Doses 0 and 28 Days	Ixiaro 0.5ml (not under 18)	Charge
Other/Advice					

Malaria Prevention and Advice	Suitable	Dose Per Week	Cost
Proguanil		2 Tablets Daily Starting 1 Week Before, during and for 4 Weeks After Trip	
Chloroquine		2 Tablets Weekly Starting 1 Week Before, During and for 4 Weeks After Trip	
Doxycycline		Daily Starting 2 Days Before, During and for 4 Weeks After Trip	
Malarone		Daily Starting 2 Days Before, During and for 7 Days After Trip	
Malarone Paediatric		Daily Starting 2 Days Before, During and for 7 Days After Trip	
Mosquito Bite Avoidance:		Advise 50% Deet	
Weight of Child If Required:			