

ERIC MOORE PARTNERSHIP FOREIGN TRAVEL - VACCINATIONS & IMMUNISATIONS

Please complete this form and return it to the Practice. The Practice Nurse will then contact you to make an appointment, if required or to advise if specialist immunisations will need to be sought from elsewhere or if vaccinations are not required

Please allow at least 8 weeks before you travel for completion of immunisations.

Name: Date of Birth:.....

Address:..... Daytime Telephone:.....

Countries to be visited, including stopovers	Dates From To	Type of accommodation (hotel, safari, backpacking, etc)

	Yes	No
Have you ever reacted badly to any previous vaccine?		
Have you any severe allergies?		
Do you suffer from: <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> Heart disease..... Asthma..... Diabetes..... Other chronic illness..... </div>		
Are you epileptic?		
Do you have any medical problems requiring regular supervision?		
Have you had your spleen removed?		
Are you or any close contact receiving chemotherapy or radiotherapy?		
Are you pregnant?		
Do you take an oral contraceptive pill?		

P.T.O

Have you been immunised previously against:					
Tetanus	Yes/No	When?.....	Cholera	Yes/No	When?.....
Polio	Yes/No	When?.....	Yellow Fever	Yes/No	When?.....
Typhoid	Yes/No	When?.....	Rabies	Yes/No	When?.....
Hepatitis A	Yes/No	When?.....	Meningitis	Yes/No	When?.....
Hepatitis B	Yes/No	When?.....			

Vaccines needed	Not all vaccinations are free to NHS patients	Fee Due
Nurse use only	Vaccines we provide for you and administer free of charge Typhoid { Tetanus { Polio { Diphtheria Hepatitis A Hepatitis B	Nurse use only Free Of Charge
	Provided on Prescription Tick-borne encephalitis Rabies - 3 dose course Meningitis A & C, W135 & Y	
	Anti-malarials Paludrine Buy from a pharmacy Chloroquine Buy from a pharmacy Larium (Mefloquine) Private prescription needed, plus a fee of £10.00 will be charged.	
	Total fee due prior to first dose	

You can also get travel inoculations at Specialist Travel Clinics

<p>Patient Consent - I consent to the administration of the vaccines for myself/my child.</p> <p>Signed..... Date.....</p>

<p>For Office Use Only:-</p> <p>Checked and Signed by Practice Nurse:.....Date:.....</p> <p>Authorised by GP:-.....Date:.....</p>
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