

# The Abbotsbury Practice - Travel Vaccination Form

*Vaccinations should be organised at least 3 months in advance*

Personal Details		
Name:		Date of Birth:
Date of Trip:	From:	To:
Itinerary and Purpose of Visit		
Country:	Length of Stay	
1		
2		
3		
4		
5		

Please tick below which best describes your trip					
1. Type of Trip	Business		Pleasure		Other
2. Holiday Type	Package		Self Organised		Backpacking
	Camping		Cruise ship		Trekking
3. Accommodation	Hotel		Relatives/Home		Other
4. Travelling	Alone		With family/friends		In a group
5. Which Area Type	Urban		Rural		Altitude
6. Planned Activities	Safari		Adventure		Other

Personal Medical History	
Relevant Medical condition/current medication (including contraception)	
Known Allergies e.g. Eggs Antibiotics, nuts	
Are you pregnant?	
Do you have a history of depression or psychiatric illness?	
Have you ever had a serious reaction to a vaccination?	
Do you or any close relative have epilepsy?	
Have you recently undergone radiotherapy, chemotherapy or steroid treatment	

Vaccination History	
Have you ever had any of the following vaccinations/ Malaria tablets?	
Tetanus	Polio
Meningitis	Hepatitis A
Rabies	Yellow Fever
Typhoid	Japanese Encephalitis
Malaria	
Other	

FOR OFFICIAL USE BY PRACTICE NURSE					
Recommended Vaccines					
Vaccination	Course/Booster	Date Given	Vaccination	Course/Booster	Date Given
Hepatitis A			Tetanus		
Typhoid			Polio		
Meningococcal A+C			Hepatitis B		
Yellow Fever			£30 x 3 (£90)		
			Rabies- Private		
			Px £5, £10x3		
Diphtheria			= £35		
Malaria Tablets			Other		
Private Px £20					

Vaccinations Required	YES/ NO
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I have received the information on the risks & benefits of the vaccinations recommended & have had the opportunity to ask questions. I consent to the vaccinations being given.

Signed:

Date: