

TRAVEL VACCINATION REQUEST FORM

Date form completed

If you are travelling to two or fewer countries please fill in this form at least 8 weeks prior to your holiday and hand it in to reception. **Unfortunately we cannot provide a travel service to any patient who fills their form in less than 8 weeks prior to travelling. Anyone travelling to more than two countries will need to attend a private travel clinic.**

This information will help us to tailor your vaccination requirements to suit your holiday.

**Please note we are only able to offer the NHS travel vaccines:
Diphtheria, Tetanus & Polio (combined vaccines)
Typhoid
Hepatitis A
Cholera**

We will advise you if you require any non NHS vaccines and these will need to be sourced at a private clinic.

Name..... Date of Birth.....

Destination

Type of accommodation * e.g. Staying with family, friends, local people, staying in a hotel, backpacking, hostelling etc.

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Date of travel Length of stay/travel.....

Please provide an e mail address & a daytime telephone number:

E mail address.....

Daytime contact number.....

Any other relevant information. – Significant health problems, allergies to eggs, antibiotics, recent radiotherapy or chemotherapy.

Women only – Pregnant or breastfeeding?

Travel insurance arranged YES / NO