

MONTPELIER SURGERY TRAVEL VACCINATION FORM

Personal Details			
Name:	Telephone:		
Date of birth	Male:	Female:	
Address:			
Dates of Trip			
Departure Date	Return Date or length of trip		
Itinerary and purpose of visit (please attach and additional countries on a separate sheet)			
Country to be visited	Length of stay	How far from medical help if none available at destination?	
1)			
2)			
3)			
4)			
Please tick below (as appropriate) to best describe your trip			
Type of trip:	Business	Pleasure	Other
Holiday type:	Package Cruise ship	Camping Backpacking	Self-organised Trekking
Accommodation:	Hotel	Relatives/Family home	Other
Travelling:	Alone	With family/friend	In a group
Type of area:	Urban	Rural	At altitude
Planned activities:	Safari	Adventure	Other
Personal medical history			
Do you have any recent or past medical history of note? This includes diabetes, heart or lung conditions,			
List any current or repeat medications			
Do you have any allergies for example to eggs, antibiotics, nuts?	Yes	No	
Have you ever had a serious reaction to a vaccine given to you before?	Yes	No	
Does having an injection make you feel faint	Yes	No	
Do you or any close family members have epilepsy?	Yes	No	
Do you have any history or mental illness including depression or anxiety?	Yes	No	
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?	Yes	No	
Women only: Are you pregnant or planning pregnancy or breast feeding?	Yes	No	
Have you taken out travel insurance?	Yes	No	
Please give any further information that may be relevant, including any future travel plans.			

Vaccination history			
Have you ever had any of the following vaccinations or malaria tablets, if so when?			
Tetanus	Date:	Hepatitis A (single Vaccination)	Date:
Typhoid	Date:	Hepatitis A (booster)	Date:
Meningitis	Date:	Hepatitis A (course of 3)	Date:
Rabies	Date:	Japanese Encephalitis	Date:
Polio	Date:	Tick borne Encephalitis	Date:
Diphtheria	Date:	Influenza	Date:
Yellow Fever	Date:	Malaria Tablets	Date:
Other (state)		Date:	

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Patient Signature:	
Date:	

To be completed by Montpelier Surgery		
Travel risk assessment done?	Yes:	No:
Vaccinations to commence on or before:		
Travel vaccines recommended for this trip (plus any further relevant information - tick)		
Hepatitis A	Hepatitis B	
Typhoid	Cholera	
Tetanus	Diphtheria	
Polio	Meningitis ACWY	
Yellow fever	Rabies	
Japanese Encephalitis	Tick borne encephalitis	
Travel advice and leaflets given as per protocol (tick)		
Food, water and personal hygiene advice	Traveller's diarrhoea	Hepatitis B and HIV
Insect bite prevention	Animal bites	Accidents
Insurance	Air travel	Sun and heat protection
Websites	Travel record supplied	Other
Malaria prevention advice and malaria chemoprophylaxis (tick)		
Chloroquine and proguanil	Chloroquine	Mefloquine
Atovaquone + proguanil (Malarone)	Doxycycline	Malaria advice leaflet
Further information		
Eg weight of child		
Authorisation		
Signed by	Position	Date

