**Victoria Surgery Travel Vaccination Request Form**

Name

DOB

Address

Contact Number

**Dates of Trip** – Please include Departure & Return Date

**Itinerary** - Please list all countries/ regions you are visiting and detail length of stay

\*Circle if applicable

Type of trip: Business / Pleasure / other

Holiday type: Package / cruise / backpacking / camping or trekking / work experience

Accommodation: Hotel / relatives or family / Other

Travelling: Alone / family or friends / In a group

Location: Urban / rural / altitude

Activities: Safari / adventure / other

**Personal Medical History** - List all medical conditions

**List All Allergies** e.g. nuts / antibiotics etc

**Any adverse reactions to vaccinations in the past** – please detail if yes

List **ALL** current medication (inc. oral contraception)

Any further information you may feel relevant, detail here

Vaccination History

|  |  |
| --- | --- |
| **Vaccination** | **Date** |
| Tetanus |  |
| Polio |  |
| Diptheria |  |
| Typhoid |  |
| Hepatitis A |  |
| Hepatitis B |  |
| Menc/ ACWY |  |
| Yellow fever |  |
| Influenza |  |
| Rabies |  |
| Japanese B Encep |  |
| Tick - Borne Encep |  |
| Pneumovax |  |
| Malaria Tablets |  |
| Other |  |

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form as soon as possible. Travel vaccinations should be requested at least 6 week prior to travel. You will need to contact us within 1 week of request to ensure that the full course of vaccinations can be completed. If you leave it beyond this date, we cannot take responsibility of your vaccinations.

**NB\* There is a fee of £79.50 for Hepatitis B/ Rabies & £38.50 for Meningitis A&C (This includes £16.50 fee for private prescription)**