

RidgeGreen TRAVEL VACCINATION FORM

Please complete and return this form to the surgery at least 4 weeks prior to travel.

An appointment with a nurse will only be made on receipt of a fully completed form. -

This allows enough time to review your past vaccinations history and research the correct immunisation schedule for your intended travel

Date and time of appointment when booked: (office use)			
Name			
Date of Birth		Age	
Phone no.			
Departure date			
Have you had any vaccinations anywhere other than RidgeGreen in the past 10 years? If so please give details:			

Country to be visited	Length of Stay	Access to good medical care?

Continue on separate sheet - **Cruise or Backpacking: please list ALL countries.**

Please tick as appropriate below to best describe your trip:

Trip	Business		Pleasure	.	Other	
Holiday type	Package		Self organised		Back packing	
	Camping		Cruise ship		Trekking	
Accommodation	Hotel		Relatives/family		Other	
Travelling	Alone		With family/friend		In a group	
Area type	Urban		Rural		Altitude	
Planned activities	Safari		Adventure		Other	

Do you have recent or past medical history of note e.g. diabetes, asthma, heart disease?	
If you are on prescription medication, have you ordered sufficient to cover your trip?	
Have you taken out travel insurance including health insurance and informed the insurance company if you have a medical condition?	

Do you have any allergies for example to eggs, antibiotics, nuts or latex?	
Have you ever had a serious reaction to a vaccine given to you before?	
Does having an injection make you feel faint?	
Do you have a bleeding disorder e.g. haemophilia?	
Do you have an unstable neurological condition e.g. uncontrolled epilepsy?	
Are you on or have you recently been on immunosuppressant drugs e.g. prednisolone, azathioprine, methotrexate, ciclosporin, chemotherapy or had radiotherapy?	
Do you have any medical conditions which reduce your immune response eg HIV, leukaemia, diabetes, no spleen?	
Do you have a history of thymus dysfunction?	
Women only: Are you pregnant or breast feeding?	

Name		Date of Birth	
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please tick yes for any of the following exceptions for malaria tablets

pregnant?		epilepsy/convulsions?	
breastfeeding?		porphyria?	
Are you planning pregnancy within 3 months following your trip?		mental illness, including anxiety and depression?	
kidney disease?		warfarin tablets?	
liver disease?		Quinine sensitivity?	

Now please return this form to the surgery at least 4 weeks prior to your holiday for your nurse appointment to be booked

For office use:

Malaria advice leaflet given?	Yes/No	
Malaria chemoprophylaxis recommended?	Yes/No	If so which?

Travel vaccines recommended for this trip:

Disease	Recommended?	Given/Declined	Date prescribed	Drug, dose, route	Prescribers signature and name
Hepatitis A	Yes/No	Given/Declined	*****	*****	*****
Hepatitis B	Yes/No	Given/Declined			
Typhoid	Yes/No	Given/Declined	*****	*****	*****
Cholera	Yes/No	Given/Declined			
Tetanus	Yes/No	Given/Declined	*****	*****	*****
Diphtheria	Yes/No	Given/Declined	*****	*****	*****
Polio	Yes/No	Given/Declined	*****	*****	*****
Meningitis ACWY	Yes/No	Given/Declined			
Yellow Fever	Yes/No	Patient to be advised			
MMR	Yes/No	Given/Declined	*****	*****	*****
Rabies	Yes/No	Given/Declined			
Jap B Encephalitis	Yes/No	Given/Declined			
Other	Yes/No	Given/Declined			

Travel advice leaflet given?	Yes/No	Web sites given?	Yes/No	Vaccine Record given?	Yes/No
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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

Name	Signature	Date
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Travel risk assessment performed and recommendations made by:

Name	Signature	Date
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