

BRUTON SURGERY TRAVEL IMMUNISATIONS

Please complete the attached form and return it to the Surgery **AT LEAST THREE WORKING DAYS** before your appointment with the Practice Nurse in order to help us plan your immunisation schedule.

As a general rule, we do not contact you- so please make an appointment with the Practice Nurse at least **8 weeks** before you intend to travel, and ideally **12 weeks**.

PLEASE ALSO NOTE WE REQUIRE ANY PAYMENT ON THE DAY OF YOUR IMMUNISATIONS. In some cases this may be required before the vaccine is ordered, some courses of vaccinations can take six months to complete.

NAME: _____ D.O.B. _____ GENDER _____

Telephone No: _____ Can we leave a message on your phone? _____

E-mail: _____

Dates of trip:

Departure: _____ Return date or overall length of trip: _____

Destination Details-

Country/location to be visited, including dates of stay/stopover	Length of stay/stopover	Away from medical help at destination? If so, how remote?
1.		
2.		
3.		
4.		

Personal Medical History

Do you have any allergies? e.g. eggs, anti-biotics, nuts or latex?	
Have you ever had a serious reaction to a vaccine given to you before?	
Have you had any recent immunisations?	
Have you had any history of mental illness including depression and anxiety?	
Have you recently undergone radiotherapy, chemotherapy, or steroid treatment?	
Have you taken out travel insurance, and if you have a medical condition, informed the insurance company about this?	
Please write below any further information which may be relevant	

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Women only: Are you pregnant or planning pregnancy or breast feeding?	
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Vaccination History

Please fill this in if you are able to:

Have you ever had any of the following vaccinations/malaria tablets, and if so, when?

Tetanus		Polio		Diphtheria		
Typhoid		Hepatitis A		Hepatitis B		
Meningitis		Yellow Fever		Influenza		
Rabies		Jap B Enceph		Tick Borne		

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 and acknowledge that for my own safety I have been advised to remain in the waiting area for 10 minutes following immunisations.

SIGNED _____ DATED _____

FOR OFFICE USE

Travel plan to be discussed with Nurse:

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PATIENT DECLINING SIGNATURE _____

TRAVEL RISK ASSESSMENT PERFORMED – NURSE SIGNATURE _____