

Travel Request Form
One form should be completed for each person travelling.

The Burbage Surgery can only provide advice and give certain vaccinations that are available on the NHS. These are Hepatitis A, Thypoid and Diptheria, Tetanus and Polio.

Please complete and return this form at least 6 weeks prior to travelling to ensure that the appropriate vaccines schedules can be completed. If you intend to travel within the next 8 weeks it may be sensible to obtain all of your vaccinations as a specialist travel centre.

The Nurse will contact you within 4 working days to discuss and advise you on the information given. Any necessary appointments will then be made for you to attend for your vaccinations.

Have you attended a travel clinic? If so, please provide a copy of any advice given.

Name..... DOB.....
 Contact telephone number.....
 Email

<p><u>Travel Intinery</u></p> <p>Date of Departure</p> <p>Destinations and length of stay for each one</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><u>Type of travel</u> -EG Holiday/Business/Backpacking /Camping/Cruise/School Trip etc</p> <p>.....</p> <p><u>Accommodation</u> - Hotel/Hostel/Camping etc</p> <p>.....</p> <p><u>High Risk activities</u> - EG – Diving, Climbing, safari etc</p> <p>.....</p>	<p><u>Medical History</u></p> <p>Please list any Chronic Medical Conditions</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><u>Any Allergies?</u></p> <p>.....</p> <p>.....</p> <p><u>Current Medications?</u></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Are you pregnant – YES/NO</p> <p>Are you planning to become pregnant – YES/NO</p> <p>Have you ever had a reaction to previous vaccination, if so what was it? YES/NO</p> <p>Do you feel faint with injections? YES/NO</p> <p>PLEASE LIST ANY VACCINATIONS THAT YOU HAVE HAD WITH DATES ON THE BACK OF THIS FORM.</p>
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The information provided by myself is correct and I am willing to accept travel vaccination advice given in respect of vaccinations offered on the NHS and I am aware these vaccinations may not be totally effective.

Signed Date