

IMMUNISATION FOR FOREIGN TRAVEL
Fill in one form for EACH traveller

Surname:		First Names:	
DOB:		Easy Contact Tel No:	
Address:			
Which Country are you visiting? - Please state area - Please state reason for travel			
When do you leave?			
How long are you staying there?			
Are you stopping anywhere on the journey? eg to change flights		YES/NO	
If yes where?			
And for how long?		Hours/days/weeks	
Are you staying in a hotel or private home?		State which	
Will you camp or sleep rough?		State which	
Have you been immunised previously against:			
TETANUS		Yes/No	When? year
DIPHTHERIA		Yes/No	When? year
POLIO		Yes/No	When? year
TYPHOID		Yes/No	When? year
MENINGITIS		Yes/No	When? year
CHOLERA		Yes/No	When? year
YELLOW FEVER		Yes/No	When? year
RABIES		Yes/No	When? year
HEPATITIS B		Yes/No	When? year
HEPATITIS A		Yes/No	When? year
OTHER		Yes/No	When? year
Do you have a medical problem requiring medical supervision?		Yes/No	
If YES what is the problem?			
Do you suffer with epilepsy?		Yes/No	
Are you taking steroids?		Yes/No	
Are you taking any other regular medicine?		Yes/No	
Are you pregnant?		Yes/No	
Have you reacted badly to any previous vaccine?		Yes/No	
If YES which vaccine?			
Are you allergic to any medicines?		Yes/No	
If YES which?			
I confirm the above answers to be correct to the best of my knowledge and request immunisation as appropriate to my trip together with advice on anti-malarial drugs			

SIGNATURE:

DATE:

IMMUNISATION		FIRST	SECOND	THIRD	BOOSTER
POLIOMYELITIS	DATE				
	BATCH NO				
TETANUS	DATE				
	BATCH NO				
DIPHTHERIA	DATE				
	BATCH NO				
TYPHOID	DATE				
	BATCH NO				
MENINGITIS ACWY	DATE				
	BATCH NO				
YELLOW FEVER	DATE				
	BATCH NO				
HEPATITIS A	DATE				
	BATCH NO				
CHOLERA	DATE				
	BATCH NO				
RABIES	DATE				
	BATCH NO				
JAP. B.	DATE				
	BATCH NO				
HEPATITIS B	DATE				
	BATCH NO				

TRAVELLER ADVICE