

## ROSEBANK MEDICAL PRACTICE

### TRAVEL VACCINATION FORM

ESSENTIAL DETAILS	
<b>Patient No:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>DOB:</b>	
<b>Mobile No:</b>	

TYPE OF TRAVEL	(Please Tick)
Holiday	
Visiting Family	
Backpacking	
Business	

TRAVEL ITINERY	
Date of Departure:	
Date of Return:	
Destination(s) and duration of stay for each destination:	

ACCOMMODATION	(Please Tick)
Hotel (.....star)	
Hostel / Camping	
Family Home	
SC accommodation	

<b>ANY HIGH-RISK ACTIVITIES:</b>
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PREVIOUS VACCINATION HISTORY	
Any previous reactions:	Y / N
Pregnant:	Y / N
Breastfeeding:	Y / N

MALARIA PROPHYLAXIS	
Advised: Y / N	
	(Please Tick)
Doxycycline	
Mefloquine	
Malarone	
Proguanil + chloroquine	

VACCINATIONS	Recommended Please Tick	Vaccines Given / Batch No:
Tet / Dip / Polio		
Hep A		
Hep B		
Typhoid		
Yellow Fever		
Rabies		
Meningitis ACWY		
Other		

NURSE ADMIN	
Patient informed of total of Vaccinations including £10.00 Private Script Charge Y / N	
Approximate Cost:	
Patient informed re payment facilities regarding Cash / Cheque + Cheque Guarantee Card - cover total plus payment at appt Y / N	
Receipt No:	
Total Amount Paid	
Date:	

Appt Made:	Y / N	Date:
Appt with:		
Booked By:		