

MILLFIELD SURGERY – TRAVEL VACCINATION REQUEST

NAME

DOB

ADDRESS

HOME TEL NO

WORK/MOBILE

DATE OF DEPARTURE

RETURN DATE/OVERALL LENGTH OF TRIP

ITNERARY & PURPOSE OF TRIP

COUNTRY VISITING

LENGTH OF STAY

PLEASE CIRCLE THE DESCRIPTIONS THAT BEST DESCRIBE YOUR TRIP

TYPE OF TRIP

BusinessPleasure

Other

HOLIDAY TYPE

Package Self-organised

Backpacking

Camping

Cruise ship

Trekking

ACCOMMODATION

Hotel

Self catering

Camping/caravan

Other

AREA STAYING IS

Urban

Rural

Altitude

PLANNED ACTIVITIES

Safari

Adventure

Other

DO YOU HAVE ANY RECENT OR PAST MEDICAL HISTORY? (diabetes, heart or lung conditions)

**DO YOU HAVE ANY ALLERGIES OR A SERIOUS REACTION TO A VACCINE GIVEN BEFORE?
(nuts, eggs, antibiotics)**

DO YOU HAVE A HISTORY OF MENTAL ILLNESS? (depression or anxiety)

HAVE YOU RECENTLY UNDERGONE RADIOTHERAPY, CHEMO OR STEROID TREATMENT?

WOMEN ONLY: ARE YOU PREGNANT, PLANNING PREGNANCY OR BREAST FEEDING?

HAVE YOU EVERY HAD ANY VACCINATIONS BEFORE? WHICH AND WHEN?

HAVE YOU TAKEN ANY MALARIA TABLETS BEFORE? WHICH AND WHEN?

PLEASE CONTACT THE SURGERY 3 WORKING DAYS AFTER HANDING IN