



PUDDLETOWN SURGERY TRAVEL FORM

Tel: 01305 848333 Fax: 01305 848061

If you are travelling abroad please complete this form and return it to us as soon as possible (ideally 8 -12 weeks before you travel). Forms received with less than 8 weeks' notice will NOT be accepted. In such cases, you may wish to contact an alternative travel clinic such as Boots or Masta Travel Health. (Details available on their websites) Please enclose an itinerary, if you have one and a record of previous vaccinations if not given by us.

Please allow 7 days for the travel nurse to assess the information supplied before you telephone the surgery to arrange an appointment.

There may be a charge for some vaccines and anti-malaria medication.

Name Date of Birth

Address

Telephone number Email

Please enter your travel plans in the table below (including stopovers of any length)

Country	Area/Town (give as much detail as possible)	From (date)	To (date)

Reason for Travel (please indicate)

Holiday / Visiting family or friends / Work – (give nature of job).....

Type of accommodation/activities (please indicate all that apply)

Hotel / Apartment / Family home / Cruise ship / Hostel / Camping / Backpacking / Safari or Game park
Jungle exploration / Trekking / Activities at Altitude / Activities away from main tourist area.

Do you have any allergies? (give details).....

Have you ever had an adverse reaction to a vaccine or anti-malaria medication? (give details)

If female, are you pregnant/ planning a pregnancy/ breastfeeding/ not pregnant? (indicate)

Have you recently had radiotherapy, chemotherapy, or steroid treatment? YES/ NO

Do you or close family member, have a history of mental illness/depression/anxiety? YES/ NO

Any other medical conditions?.....

What is your weight? (if child or under 45kg).....

I confirm that the information given is correct to the best of my knowledge. I request and consent to receiving advice, vaccination, and/or malaria prophylaxis appropriate to the travel plan stated.

Signed Date

Date scanned into patient notes (reception use only)