**Whitemoor Medical Centre**

ONE FORM PER PERSON

Name : ………………………………………………………………….. Date of Birth : …………………………………………..

Contact Number : …………………………………………….

**PLEASE COMPLETE THE DETAILS BELOW:**

Country to be visited : ……………………………………… Date of departure : ………………………. Length of stay : …………..

|  |
| --- |
| **Type of trip :** |
| Holiday Hotel |
| Backpack Urban |
| Camping Safari |
|  |

**Personal medical history :**

Do you have any recent or past medical history to note ? (diabetes / heart or lung conditions)

**List current or repeat medications**

|  |
| --- |
| Do you have any allergies eg: eggs / latex |
| Have you had a serious reaction to a vaccine given to you in the past ? |
| Do you or any close family have epilepsy ? |
| Women only : Are you pregnant or planning pregnancy or breastfeeding ? |
| Any other details |

**Have you had any of the following vaccinations or malaria tablets in the past, if so when** ?

|  |
| --- |
| Tetanus Polio Diptheria Typhoid |
| Hepatitis A Hepatitis B Influenza Rabies |
| Yellow Fever Jap B Enceph Tic Borne Enceph |
| **Other Vaccines** |
| **Malaria Tablets** |

**Patient Declaration**

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed : …………………………………………………. Date : …………………………………………

**You may find this website helpful :** [www.fitfortravel.co.uk](http://www.fitfortravel.co.uk)

Please ensure that all the form is completed and bring along to your appointment

**PATIENT TRAVEL VACCINATION POLICY :**

Please bring in this form at least 3 months before your departure date when you attend for your appointment.

If you are departing in less than 3 months, we may not ab able to administer the required vaccinations within the time frame.

Please note there may be a charge for some of the vaccinations that you require. The nurse will inform you of these charges which will be required to be paid before administering the vaccine.

**HAPPY HOLIDAYS**

**For practice use only**

|  |
| --- |
| **Disease Protection Yes No Further information** |
| Hepatitis A |
| Hepatitis B |
| Typhoid |
| Cholera |
| Tetanus |
| Diptheria |
| Polio |
| Men ACWy |
| Yellow Fever |
| Rabies |
| Japanese B Enceph |
| Other |

**Travel risk assessment performed by : ………………………………………….. Position : ……………………………………….**