

LITCHDON MEDICAL CENTRE ***ONE QUESTIONNAIRE PER PATIENT PLEASE *******

Dear Patient,

As you are due to travel abroad you may need vaccines to protect you against infectious illnesses/diseases – to enable us to give you the correct vaccine(s) please complete the following questionnaire.

Who is your GP? Dr.....

Patient name:.....

D.O.B:.....

Address:.....

Contact telephone number:.....

Email address:

Country/countries of destination:.....

Date of departure:.....

Planned duration of stay:.....

Type of accommodation: (e.g. hotel, hostel, camping)

Nature of holiday: (e.g backpacking, safari, voluntary work)

Any known allergies:.....

On completion please return this form to reception –You will be contacted if you require an appointment.

*For information, there is a charge for these vaccinations; the others are free on the NHS

For completion by Practice Nurses only

Hep A

Polio/Diph/Tet

Typhoid

*Hep B

*Yellow Fever

*Meningitis ACWY

*Rabies

*Tick borne Enceph

*Jap. Enceph

*Malaria Tabs

Appt required: YES/NO

*Cholera

Appt length: 10 mins 20mins 30mins

No. of weeks before departure: 2-4 4-6 ASAP Needs to speak to sister: YES/NO

Pt contacted by:

On: