

# TRAVEL VACCINATION FORM

- Please complete **ONE FORM PER PERSON**
- Please complete approx. 6-8 weeks prior to travel
- Please complete Section 1 and leave with Receptionist
- Please make a 20 minute travel appointment to see the nurse

## Section 1 - To be completed by patient

Name		DOB	
Address			
		Tel	
Countries to be visited (exact locations)			
Tick as appropriate	Hotel	Backpacking	Cruise
When are you going?			
For how long?			
Did you receive all of your childhood vaccinations?			Yes/No
Do you take medications such as immunosuppressants or high dose steroids?			Yes/No
Do you know of any reason why you should not have a live vaccine?			Yes/No
List all vaccinations received in the last 10 years.			

**Travel Websites** – nathnac, masta, nomad

- Please note that vaccinations are not recommended during pregnancy

**\*\*\* Please note some vaccines may incur a charge\*\*\***

## Section 2 - To be completed by Nurse

Vaccine/Malaria Medication required	First Dose Due	Booster (if reqd)

Nurse .....