

THE GLENFIELD SURGERY
TRAVEL VACCINATION – INFORMATION COLLECTION SHEET

Personal details					
Name:		Date of birth:		Male { } Female { }	
Easiest contact telephone number:					
Dates of trip					
Date of departure			Return date or overall length of trip		
Details about destination(s)					
Country and location to be visited		Length of stay	Away from medical help at destination, if so, how remote?		
1.					
2.					
3.					
Please tick as appropriate below to best describe your trip					
Holiday type		Package	Cruise Ship	Back-Packing	
			Family Home		
Personal medical history					
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)					
Do you have any allergies e.g. eggs, antibiotics, nuts or latex?		YES/NO	Have you ever had a serious reaction to a vaccine given to you before?		YES/NO
Does having an injection make you feel faint?		YES/NO	Do you or any close family members have epilepsy?		YES/NO
Do you have any history of mental illness including depression/anxiety?		YES/NO	Have you recently undergone radiotherapy, chemotherapy or steroid treatment?		YES/NO
Women only: Are you pregnant or planning pregnancy or breastfeeding?		YES/NO	Have you taken out insurance and if you have a medical condition, informed the insurance company about this?		YES/NO
Any further information which may be relevant:					
Vaccination history					
Have you ever had any of the following vaccinations/malaria tablets and if so, when?					
Tetanus		Polio	Diphtheria		
Typhoid		Hepatitis A	Hepatitis B		
Meningitis		Yellow Fever	Influenza		
Rabies		Jap B Enceph	Tick Borne		
Other					
Malaria tablets are available at Asda pharmacy without private prescription					

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Does having an injection make you feel faint?		YES/NO	Do you or any close family members have epilepsy?		YES/NO
Do you have any history of mental illness including depression/anxiety?		YES/NO	Have you recently undergone radiotherapy, chemotherapy or steroid treatment?		YES/NO
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Other					
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Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)					
Do you have any allergies e.g. eggs, antibiotics, nuts or latex?		YES/NO	Have you ever had a serious reaction to a vaccine given to you before?		YES/NO
Does having an injection make you feel faint?		YES/NO	Do you or any close family members have epilepsy?		YES/NO
Do you have any history of mental illness including depression/anxiety?		YES/NO	Have you recently undergone radiotherapy, chemotherapy or steroid treatment?		YES/NO
Women only: Are you pregnant or planning pregnancy or breastfeeding?		YES/NO	Have you taken out insurance and if you have a medical condition, informed the insurance company about this?		YES/NO
Any further information which may be relevant:					
Vaccination history					
Have you ever had any of the following vaccinations/malaria tablets and if so, when?					
Tetanus		Polio	Diphtheria		
Typhoid		Hepatitis A	Hepatitis B		
Meningitis		Yellow Fever	Influenza		
Rabies		Jap B Enceph	Tick Borne		
Other					
Malaria tablets are available at Asda pharmacy without private prescription					

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Date: _____

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TRAVEL VACCINATION – INFORMATION COLLECTION SHEET

Personal details					
Name:		Date of birth:		Male { } Female { }	
Easiest contact telephone number:					
Dates of trip					
Date of departure			Return date or overall length of trip		
Details about destination(s)					
Country and location to be visited		Length of stay		Away from medical help at destination, if so, how remote?	
1.					
2.					
3.					
Please tick as appropriate below to best describe your trip					
Holiday type		Package	Cruise Ship		Back-Packing
		Family Home			
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