TRAVEL VACCINATION FORM (for each person travelling)

- **Please note that the practice does not provide non-NHS travel vaccinations.**
- **If departure date is within the next three weeks, please make an appointment with the Travel Clinic (0141 889 7656).**
- **Please complete Section 1 (vaccinations should be given <u>at least six weeks</u> prior to travel).**
- **<u>Please give the form to a member of the reception staff and at the same time please ensure that you arrange a telephone consultation time for the practice sister to speak to you (approximately one week later).</u>**
- **The practice sister will then complete Section 2.**
- **A prescription will be left at reception for you to collect and take to the pharmacy.**
- **Please make an appointment to see the practice sister to have the vaccine administered.**

Section 1 - To be completed by patient

Name					DoB		
Address							
				Tel			
Countries to be visited (exact locations)							
Tick as appropriate	Hotel/Self-Catering		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
Any known allergies?							
List all vaccinations received in the last 10 years.							

- Please note that vaccinations are not recommended during pregnancy
- We recommend that all travellers take a good quality first aid kit with them

Travel Websites – <u>www.masta-travel-health.com</u>, <u>www.fitfortravel.scot.nhs.uk</u>

Section 2 - To be completed by practice sister

Previous vaccination history: _____

_____

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