

Addington Medical Centre

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FOREIGN TRAVEL IMMUNISATIONS FORM

Name: Date of Birth:

DATE OF DEPARTURE

Destination (Town/Country)	Length of stay	Hotel	Private Home	Back packing	Other (please state)

Current medical conditions (eg. Epilepsy, depression, psychiatric problems)

Do you have HIV or any other conditions which may suppress your immune system?

Have you been taking steroids within the last 3 months?

Are you currently ill or receiving chemotherapy or radiotherapy?

Are you pregnant (or planning a pregnancy) or currently breast feeding?

Have you suffered a severe local or general reaction to vaccines before?

Are you allergic to anything? (eg. antibiotics or eggs)?

I confirm that the information given above is correct to the best of my knowledge, and request the immunisations and advice appropriate for my trip.

Signature: **Date:**

PLEASE NOTE THAT THERE MAY BE A CHARGE FOR SOME TRAVEL IMMUNISATIONS *

Immunisations required: (nurse to complete)

Hep A	primary	.....	Polio	1	.....
	booster	.....		2	.....
Typhoid		.....		3	.....
Meningococcal ACWY		.....	booster		.....
Yellow Fever		.....	Heb B	1	.....
Diphtheria + Tetanus		.....		2	.....
Tetanus	1	.....		3	.....
	2	.....		(4)	.....
	3	.....	Rabies		.....
booster		.....	BCG		.....

Malaria prophylaxis needed: (nurse to complete)

	<u>No. of weeks</u>	<u>Dose</u>	<u>Start date</u>	<u>Finish date</u>
1. Chloroquine
2. Proguanil
3. Mefloquine
4. Doxycycline
5. Other