

Reception to sign and date when received please



Travel Advice Request

Robert Frew Medical Partners

One travel form per person travelling and please be aware forms should be completed and submitted to the surgery, at least 2 months before your travel date but no sooner than this.

Date of enquiry

Name & Date of Birth

Address and Phone Number

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Date of Travel

Countries/ Towns to be visited

Length of stay in each place

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TYPE OF TRIP

Business

Pleasure

Other

HOLIDAY TYPE

Package

Backpacking / Trekking

Cruise

Camping

Other

ACCOMMODATION

Hotel

Relative/ Friends Home

Other

AREA

Urban

Rural

Altitude

Do you have any recent or past medical history of note?

Do you have any known allergies? (egg, antibiotics, nuts ?)

Have you ever had a serious reaction to a vaccine given previously

WOMEN *are you or could you be pregnant, planning a pregnancy or breast feeding?*

The Nurses will call patients that do not need injections or malaria tablets to give general travel advice

PLEASE RING INTO THE SURGERY IN 7 DAYS TO BOOK A TRAVEL APPOINTMENT IF YOU HAVE NOT HAD A CALL FROM THE NURSE

TRAVEL VACCINE ADVICE
RECOMMENDED VACCINES

Patient Name :-

DOB:-

DESTINATION:-

Date of Travel:-

To be given by GP surgery nurses as per up to date PGD's.

Vaccine	Dose and route	Schedule	Recommended
Revaxis	0.5ml IM	X1	
Hepatitis A	1ml IM	X1	
Typhoid	0.5ml IM	X1	
MMR	0.5ml IM	X2 (if never had)	

Advised to book at travel clinic

Vaccine	YES / NO
Hepatitis B	
Yellow fever	
Japanese Encephalitis	
Rabies	
Men ACWY	