

TUXFORD MEDICAL CENTRE
TRAVEL VACCINATION QUESTIONNAIRE

*Affix copy of appointment label here once
 appointment booked*

One form to be completed per traveller

Name of Traveller: Date of Birth:

Travel Itinerary

Date of departure:

Destination(s) & duration of stay in each place:

Type of holiday (delete as applicable) Holiday / Business / Visiting Family or Relatives / Other (please state):

Accommodation (delete as applicable) Hotel / Hostel / Family home / Other (please state):

ANY High Risk Activities Planned: (e.g. Backpacking, snorkelling, safari). Please state:

Medical History

Past/Current Medical History:

Any past history of deep vein thrombosis? Yes / No

Any past history of depression? Yes / No

Any known allergies?

Are you taking steroids? Yes / No

Are you immunocompromised? Yes / No

Are you pregnant? Yes / No

Are you planning a pregnancy? Yes / No

Are you taking the contraceptive pill? Yes / No

Do you have medical insurance arranged? Yes / No

Have you had ANY previous reactions to any vaccinations: Yes / No Please state:

Previous Vaccination History (if known) – Please bring any relevant vaccination records with you

| Vaccination | Date |
|-------------|------|
| Tetanus | |
| Diphtheria | |
| Polio | |
| Typhoid | |
| Hepatitis A | |
| Hepatitis B | |
| Other | |

All the information given is correct and up to date.

Signed: Date:

Tel No:

- Please return completed vaccination form and make an appointment with the nurse at least 4-6 weeks before the date of travel
- All vaccinations administered are on the basis of the information provided above regarding your destination and past history and we cannot be held responsible should this information be incorrect.