NHS logo**Blundellsands Surgery**

Blundellsands Surgery, 1 Warren Road, Blundellsands, Liverpool, L23 6TZ **0151 924 6464**

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**FOREIGN TRAVEL IMMUNISATION REQUEST**

**\* You do not need to complete all questions, only those relevant to you.**\*

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Items in **bold** are required for successful receipt of your message.

|  |  |
| --- | --- |
| **PATIENT DETAILS** | |
| **Patient Number** (this can be found at the top of your prescription, please contact the surgery if you do not know it) | |
|  |  |
| **Date of Birth** |  |
| **Telephone No** |  |
| Which country are you visiting? |  |
| Date of departure? |  |
| How long are you staying there? | days  weeks |
| Are you stopping on the journey? | Yes  No |
| If yes, where? |  |
| And for how long? | hours  days  weeks |
| Are you staying in a hotel or private accommodation? | Hotel  Private accommodation |
| Will you camp or sleep rough? | Yes  No |
| |  |  |  | | --- | --- | --- | | Have you previously been immunised against... | | | | Tetanus | Yes No | Year | | Polio | Yes No | Year | | Typhoid | Yes No | Year | | Meningitis | Yes No | Year | | Cholera | Yes No | Year | | Yellow Fever | Yes No | Year | | Rabies | Yes No | Year | | Hepatitis B | Yes No | Year | | Hepatitis A | Yes No | Year | | Others, e.g. Rubella | | | |  | | Year | |  | | Year | |  | | | | |
| Do you have any medical problems requiring regular supervision? | Yes No If yes, what is the problem? |
| Are you taking steroids? | Yes No |
| Are you taking any other regular medication? | Yes No |
| Are you pregnant? | Yes No |
| Have you reacted badly to any previous vaccine? | Yes No If yes, which vaccine? |
| Are you allergic to any medicines? | Yes No If yes, which? |
| |  | | --- | | I confirm the above answers to be correct to the best of my knowledge and request immunisation as appropriate to my trip together with advice on anti-malarial drugs. | |  | | |

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