**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.

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| **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 |
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| 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  |
|  |

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| Do you have any medical problems requiring regular supervision? |  Yes NoIf 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 NoIf yes, which vaccine?  |
| Are you allergic to any medicines? | Yes NoIf yes, which?  |
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| 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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