**PLEASE READ BEFORE COMPLETING THE TRAVEL VACCINATION FORM BELOW**

Before completing the attached travel vaccination form, please visit the website below which will give you up to date information regarding the country/countries you are travelling to, and which vaccinations are recommended prior to travelling.

Website; NATHNAC (National Travel Health Network)

<https://travelhealthpro.org.uk/>

The vaccinations available via the NHS are Tetanus, Hepatitis A, Typhoid and MMR.

If after looking at this website, you think you need any vaccinations other than these please book an appointment with a private travel clinic.

If you have a record of your previous vaccinations, please be aware that they each last for different lengths of time.

Diphtheria/Tetanus/Polio lasts 10 years

Typhoid lasts 3 years

Hepatitis A requires 2 vaccinations 6 months apart and then lasts 25 years +

MMR requires 2 vaccinations 1 month apart and gives lifelong protection

NB: It is advised that you have travel vaccinations 8 weeks prior to travelling to allow your body to develop immunity. Also, some vaccinations require more than 1 dose spread over a few weeks or months, therefore if an appointment with the practice nurse is not available at least 8 weeks prior to travel we advise that you make an appointment with a private travel clinic.

NB: There are many private travel clinics available all of which can be found online.

For further information regarding travel vaccinations please visit.

<https://www.nhs.uk/vaccinations/travel-vaccinations/travel-vaccination-advice/>

**TRAVEL VACCINATION FORM**

**Please complete at least 8 weeks prior to travel.**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| Telephone no. |  |
| Countries to be visited (exact locations) |  |
| Date of travel  |  |
| Length of travel |  |
| Type of holiday | Hotel |  | Backpacking |  | Cruise |  |
| Are you staying with relatives in their own home | Yes/No |
| Do you have any activities/excursions planned?If Yes please list below:  | Yes/No |
| Did you receive all your childhood vaccinations? | Yes/No |
| Do you take medications that can suppress your immune system? | Yes/No |
| Women Only – Are you pregnant, planning a pregnancy or breastfeeding | Yes/No |
| Do you have any allergies?If Yes please list here | Yes/No |
| Have you ever had a serious reaction to a vaccine?If so please state what happened. | Yes/No |