



FOR OFFICE USE

Patient Specific Directions for Travel  
Vaccines Given by Practice Nurse

Drug Given:

.....

Dates:

1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

Batch No:

1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

Drug Given:

.....

Dates:

1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

Batch No:

1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

Drug Given:

.....

Dates:

1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

Batch No:

1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

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**Patient Details**

Name: .....

Date of Birth:.....

Address: .....

.....

.....

Drug Given:

.....

Dates:

1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

Batch No:

1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

G.P. Signature: .....

Date: .....

Practice Nurse: .....

Date: .....

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# DO I REQUIRE TRAVEL VACCINATIONS?

PATIENT PLEASE COMPLETE

|   |   |
|---|---|
| NAME:   |   |
| DATE OF BIRTH:                                |   |
| ADDRESS<br>(POSTCODE):                        |   |
| HOME NUMBER:<br>MOBILE NUMBER:                |   |
| DATE LEAVING UK:                              |   |
| COUNTRIES VISITING:                           |   |
| DURATION:                                     |   |
| PURPOSE OF TRIP:                              |   |
| ACCOMODATION:<br>(PLEASE TICK ALL THAT APPLY) | <input type="checkbox"/> HOTEL<br><input type="checkbox"/> PACKAGE<br><input type="checkbox"/> HOLIDAY<br><input type="checkbox"/> BACKPACKING<br><input type="checkbox"/> HOSTEL<br><input type="checkbox"/> SCHOOL TRIP |
| WHO ARE YOU TRAVELLING WITH?                  |   |

|              |  |
|--------------|--|
| TODAYS DATE: |  |
| TIME:        |  |

ANY OTHER INFO:

|  |
|--|
|  |
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FOR OFFICE USE ONLY

|  |  |
|--|--|
| RECOMMENDED VACCINATION:                                 |  |
| RECORDED ON SCREEN FOR RECEPTION:                        |  |
| APPOINTMENT BOOKED / PATIENT CONTACTED:<br>(DATE / TIME) |  |
|  |  |