The Devonshire Lodge Practice
Travel Vaccination Form

Vaccinations should be arranged a minimum of 1 month in advance.

Personal Details	
Name:	Date of Birth:
Date of Trip – From :	To:
Easiest Contact Number:	

Itinery & Purpose of Visit		
Country :	Length of Stay	Away from medical help at destination, if so, how remote?
1		
2		
3		
4		
5		

Please tick below which best describes your trip						
1. Type of Trip	*Business*		*Pleasure*		*Other*	
2. Holiday Type	*Package*		*Self-Organised*		*Backpacking*	
	Camping		*Cruise Ship*		*Trekking*	
3. Accomodation	*Hotel*		*Relatives/ Home*		*Other*	
4. Travelling	*Alone*		*With family friends*		*In a Group*	
5. Area Type	*Urban*		*Rural*		*Altitude*	
6. Planned Activities	*Safari*		*Adventure*		*Other*	

Personal Medical History	
Known allergies e.g. eggs, antibiotics, nuts	
Are you pregnant?	
Do you have a history of depression or psychiatric illness?	
Have you ever had a serious reaction to a vaccination?	
Do you or any close relative have epilepsy?	
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?	

Vaccination History					
Have you ever had any of the following vaccinations/ Malaria tablets?					
Tetanus		Polio		Diptheria	
Meningitis		Hepatitis A		Hepatitis B	
Rabies		Yellow Fever		Influenza	
Typhoid		Japanese Encephalitis		Tick Borne Encephalitis	
Malaria		Other			

FOR OFFICIAL USE BY PRACTICE NURSE **Recommended Vacines**			
Hepatitis A		Diptheria	
Hepatitis B		Tetanus	
Meningococcal ACWY		Polio	
Yellow Fever		Rabies	
Typhoid		Malaria Tablets	