

Request for Immunisation for Foreign Travel

In requesting this service, I understand that a fee may be payable in some circumstances, (if my requested immunisations are not recommended for the area I am visiting) and agree to make payment prior to receiving any required vaccinations.

Full name DoB

Address

 Post Code

Telephone Home Daytime (If different)

Country/Countries visiting

Date of Departure Return

Stops on route Y/N Where? For how long?

Type of Accommodation

If Camping, are you Backpacking or sleeping "rough"

Are you taking any regular Medication ? (Please specify)

Are you taking Steroids ?

Are you Pregnant ? If yes, when is baby due

Do you have any Medical problem requiring regular supervision ? Yes / No

If Yes, Please specify

Have you had any adverse reaction to any previous vaccination Yes / No

If yes, Please specify

Are you allergic to any Medicine ? Yes / No If so please specify

Have you previously been immunised against any of the following?

These columns for
 Surgery use
 Required Possible Fee

DIPHTHERIA	YES/NO	Date.....	£35.00
HEPATITIS A	YES/NO	Date.....	£35.00
HEPATITIS B	YES / NO	Date	£35.00 Plus vaccine G £15.27 per dose
MENINGITIS	YES/NO	Date.....	£35.00
POLIO	YES/NO	Dale.....	05.00
RABIES	YES/NO	Date	£35.00 Plus vaccine S £28.67 per dose
TETANUS	YES / NO	Date.....	No
TYPHOID	YES / NO	Date	£35.00
YELLOW FEVER	YES / NO	Date.....	Not available at Ibis Surgery
OTHER eg Rubella Please specify	YES/NO	Date.....	

I confirm the above information to be correct to the best of my knowledge, and request immunisation as appropriate to my travel, together with advice on Anti-Malarial drugs.

I agree to pay the required fee for each course of vaccination.

Patients Signature
 (Parent if Patient under 16)

Date