

LAMBERT MEDICAL CENTRE – TRAVEL IMMUNISATION QUESTIONNAIRE

Please give as much notice as possible (6-8) weeks, to allow time to complete immunisations with the practice nurse. When holiday immunisations are administered there will be an initial charge of £17.50 for an immunisation certificate booklet (if booklet required)

Full Name	
Address	
Date of Birth	
Contact tel. No.	

COUNTRIES TO BE VISITED – Including Stop-overs.

Name of Country	Departure date from UK	Arrival Date at Destination	Length of Stay

NB – if travelling to China please state whether Mainland China/Hong Kong/Macao

Please tick as appropriate below to best describe your trip

1. Type of trip	Business		Pleasure		Other	
2. Holiday type	Package		Self organised		Backpacking	
	Camping		Cruise ship		Trekking	
3. Accommodation	Hotel		Relatives/family home		Other	
4. Travelling	Alone		With family/friend		In a group	
5. Staying in area which is	Urban/Coastal		Rural		Altitude	
6. Planned activities	Safari		Adventure		Other	

PREVIOUS IMMUNISATIONS

	Yes	Date		<i>For Nurse</i>	<i>Immunisation Needed</i>
Cholera					
Typhoid					
Tetanus					
Polio					
Yellow Fever					
Hepatitis A					
Others					
				<i>Malaria Prophylaxis needed?</i>	

ANY ALLERGIES? (please give details) Yes/No

ARE YOU PREGNANT? Yes/No

Have you ever had a serious reaction to a vaccine given to you before?

Have you recently undergone radiotherapy, chemotherapy, steroid treatment?

Please write below any further information, which may be relevant