	L VACCIN	AHON – IN	IFORN	MATION COLLECTIO	N SHEET			
Personal details				Data of binth.		Male () Fa		
Name: Easiest contact telephone number:				Date of birth:		Male { } Fe	emale { }	
Dates of trip								
Date of departure				Return date or ove	rall lengt	h of trip		
Details about destination(s)				Retain date of ove	run iengt	in or trip		
Country and location to be visited	L	ength of sta	ау	Away from medica remote?	l help at	destination, if so, h	ow	
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Please tick as appropriate below to l			ip					
Holiday type	P	ackage		Cruise Ship		Back-Packing		
				Family Home				
Personal medical history								
Do you have any recent or past med	lical histo					·		
Do you have any allergies e.g. eggs, antibiotics, nuts or latex?		YES/NO		e you ever had a se n to you before?	rious rea	ction to a vaccine	YES/NO	
Does having an injection make you f faint?	^f eel	YES/NO	Do you or any close family members have epilepsy?					
Do you have any history of mental il including depression/anxiety?	Iness	YES/NO	Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
Women only: Are you pregnant or p	lanning	YES/NO	Hav	e you taken out inst	urance ar	nd if you have a	YES/NO	
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Vaccination history								
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Typhoid	Hepat	itis A			Hepatitis	В		
Meningitis	Yellow	/ Fever			Influenza	1		
Rabies	Jap B I	Enceph			Tick Born	ie		
Other								
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GOTCOME. GON NONSES WILL		TIACITAII	121413	•				
OFFICE USE ONLY:								
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Receptionist receiving form:

	L VACCIN	AHON – IN	IFORN	MATION COLLECTIO	N SHEET			
Personal details				Data of binth.		Male () Fa		
Name: Easiest contact telephone number:				Date of birth:		Male { } Fe	emale { }	
Dates of trip								
Date of departure				Return date or ove	rall lengt	h of trip		
Details about destination(s)				Retain date of ove	run iengt	in or trip		
Country and location to be visited	L	ength of sta	ay	Away from medica remote?	l help at	destination, if so, h	ow	
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Please tick as appropriate below to l			ip					
Holiday type	P	ackage		Cruise Ship		Back-Packing		
				Family Home				
Personal medical history								
Do you have any recent or past med	lical histo					·		
Do you have any allergies e.g. eggs, antibiotics, nuts or latex?		YES/NO		e you ever had a se n to you before?	rious rea	ction to a vaccine	YES/NO	
Does having an injection make you f faint?	^f eel	YES/NO	Do you or any close family members have epilepsy?					
Do you have any history of mental il including depression/anxiety?	Iness	YES/NO	Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
Women only: Are you pregnant or p	lanning	YES/NO	Hav	e you taken out inst	urance ar	nd if you have a	YES/NO	
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Meningitis	Yellow	/ Fever			Influenza	1		
Rabies	Jap B I	Enceph			Tick Born	ie		
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Receptionist receiving form:

	L VACCIN	AHON – IN	IFORN	MATION COLLECTIO	N SHEET			
Personal details				Data of binth.		Male () Fa		
Name: Easiest contact telephone number:				Date of birth:		Male { } Fe	emale { }	
Dates of trip								
Date of departure				Return date or ove	rall lengt	h of trip		
Details about destination(s)				Retain date of ove	run iengt	in or trip		
Country and location to be visited	L	ength of sta	ay	Away from medica remote?	l help at	destination, if so, h	ow	
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Please tick as appropriate below to l			ip					
Holiday type	P	ackage		Cruise Ship		Back-Packing		
				Family Home				
Personal medical history								
Do you have any recent or past med	lical histo					·		
Do you have any allergies e.g. eggs, antibiotics, nuts or latex?		YES/NO		e you ever had a se n to you before?	rious rea	ction to a vaccine	YES/NO	
Does having an injection make you f faint?	^f eel	YES/NO	Do you or any close family members have epilepsy?					
Do you have any history of mental il including depression/anxiety?	Iness	YES/NO	Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
Women only: Are you pregnant or p	lanning	YES/NO	Hav	e you taken out inst	urance ar	nd if you have a	YES/NO	
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Rabies	Jap B I	Enceph			Tick Born	ie		
Other								
Malaria tablets are available at Asda	•	·		· · · · · · · · · · · · · · · · · · ·				
For discussion when risk assessmen	nt is perfo	rmed withi	in you	ır appointment.				
PLEASE BE ADVISED THAT OUR	R TRAVEL	VACCINATIO	ON FC	DRMS WILL BE SUBN	/IITTED T	O ONE OF OUR NUI	RSES	
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PLEASE BE ADVISED THAT IT IS LEAST 6 WEEKS PRIOR TO TRA							Y AT	
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Receptionist receiving form:

	L VACCIN	AHON – IN	IFORN	MATION COLLECTIO	N SHEET			
Personal details				Data of binth.		Male () Fa		
Name: Easiest contact telephone number:				Date of birth:		Male { } Fe	emale { }	
Dates of trip								
Date of departure				Return date or ove	rall lengt	h of trip		
Details about destination(s)				Retain date of ove	run iengt	in or trip		
Country and location to be visited	L	ength of sta	ay	Away from medica remote?	l help at	destination, if so, h	ow	
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Please tick as appropriate below to l			ip					
Holiday type	P	ackage		Cruise Ship		Back-Packing		
				Family Home				
Personal medical history								
Do you have any recent or past med	lical histo					·		
Do you have any allergies e.g. eggs, antibiotics, nuts or latex?		YES/NO		e you ever had a se n to you before?	rious rea	ction to a vaccine	YES/NO	
Does having an injection make you f faint?	^f eel	YES/NO	Do you or any close family members have epilepsy?					
Do you have any history of mental il including depression/anxiety?	Iness	YES/NO	Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
Women only: Are you pregnant or p	lanning	YES/NO	Hav	e you taken out inst	urance ar	nd if you have a	YES/NO	
pregnancy or breastfeeding?			med	dical condition, info	rmed the	insurance		
			com	pany about this?				
Vaccination history								
Have you ever had any of the follow	ing vaccir	nations/mal	laria t	ablets and if so, who	en?			
Tetanus	Polio				Diphther	ia		
Typhoid	Hepat	itis A			Hepatitis	В		
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	L VACCIN	AHON – IN	IFORI	MATION COLLECTIO	N SHEET			
Personal details				Data of hirth		Mala () Fo	ر) مامسر	
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Dates of trip								
Date of departure				Return date or ove	rall lengt	th of trip		
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Do you have any recent or past medi	ical histo	ry of note?	(inclu	iding diabetes, hear	t or lung	conditions)		
Do you have any allergies e.g. eggs, antibiotics, nuts or latex?				lave you ever had a serious reaction to a vaccine iven to you before?			YES/NC	
Does having an injection make you for faint?	YES/NO	1	o you or any close family members have bilepsy?					
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Personal medical history	عددا ادد		/! al.	alina diabataa baaa				
Do you have any recent or past medi	ical histo	ry of note?	(inclu	iding diabetes, hear	t or lung	conditions)		
Do you have any allergies e.g. eggs, antibiotics, nuts or latex?				lave you ever had a serious reaction to a vaccine iven to you before?			YES/NC	
Does having an injection make you for faint?	YES/NO	1	o you or any close family members have bilepsy?					
Do you have any history of mental ill including depression/anxiety?	YES/NO	1	Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
Women only: Are you pregnant or pl	lanning	YES/NO		Have you taken out insurance and if you have a YE				
pregnancy or breastfeeding?	•	1	dical condition, info		•			
		con	npany about this?					
Vaccination history								
Have you ever had any of the followi	ing vaccir	nations/ma	laria t	ablets and if so, wh	en?			
Tetanus	Polio				Diphther	ia		
Typhoid	Hepat	lepatitis A			Hepatitis	В		
Meningitis	Yellow	Yellow Fever			Influenza	1		
Rabies	Jap B Enceph				Tick Borr	ne		
Other								
Malaria tablets are available at Asda	•			<u> </u>				
For discussion when risk assessmen	t is perfo	rmed with	in yo	ur appointment.				
PLEASE BE ADVISED THAT OUR	TRAVEL	VACCINATI	ON F	ORMS WILL BE SUBN	MITTED T	O ONE OF OUR NUI	RSES	
ON THE DAY. THIS WILL BE REV	IEW BY T	THEM WITH	IIN 3 -	5 WORKING DAYS A	AND ALL F	RESULTS WILL BE NO	OTED	
ON THE PATIENTS RECORD.								
PLEASE BE ADVISED THAT IT IS LEAST 6 WEEKS PRIOR TO TRAV							Y AT	
OUTCOME. OUR NURSES WILL					LN 3 DA	IS TO CHECK THE		
OUTCOME. OUR NURSES WILL	INOT COL	NIACI PAII	151412	•				
OFFICE USE ONLY:								

Date: _____

Date:

Receptionist receiving form: