

Portishead Medical Group – Travel Vaccination Form

Please complete this form and return to Reception at least 6 weeks before date of travel.
You will be contacted by phone within 14 days by our travel vaccinations nurse to discuss your requirements. We regret that at busy times there may be a delay for vaccinations.
We cannot support requests made less than 6 weeks before travel.

Please attach any previous vaccination information given privately or at a travel clinic.
You must visit www.fitfortravel.nhs.uk for travel advice and guidance

All countries to be visited (in order of travelling):

Type of holiday (e.g. package, backpacking etc):

Date of travel.....

Length of stay.....

Designated person responsible for discussing travel vaccination requirements for all named persons below (if applicable):

Full name.....

DOB.....

Contact daytime telephone number

Signed.....

Date.....

IMPORTANT - BELOW INFORMATION MUST BE COMPLETED AND SIGNED BY ALL TRAVELLERS

Please complete details for each person travelling. Failure to complete fully will delay your vaccinations.
An authorisation signature is required for all persons aged 16 and over to confirm that any travel vaccination requirements at this time may be discussed with the named person above.

I authorise the named person above to receive or discuss information on my behalf regarding travel vaccinations required at this time. I understand that a copy of this form will be stored on my clinical record.

Name..... DOB..... Signed..... Date.....

Name..... DOB..... Signed..... Date.....

Name..... DOB..... Signed..... Date.....

Name..... DOB..... Signed..... Date.....

Continued overleaf....

Portishead Medical Group – Travel Vaccination Form

Are you allergic to anything, or have you had any reactions to vaccinations in the past? (Please give details as appropriate for each person)

Are you on any medications? (Please give details for each person – continue overleaf if necessary)

Are you pregnant? (Please give details for each person – continue overleaf if necessary)

Any further information:

For Health Centre Use:

Name (lead contact first)	Hep A	Hep B	Tetanus	Other (give details)	Advice only