

Reception to sign and date when received please .....



## Travel Advice Request

Robert Frew Medical Partners

One travel form per person travelling and please be aware forms should be completed and submitted to the surgery, at least 2 months before your travel date but no sooner than this.

Date of enquiry .....

Name & Date of Birth .....

Address and Phone Number  
.....  
.....

Date of Travel .....

Countries/ Towns to be visited  
.....  
.....  
.....

Length of stay in each place  
.....  
.....  
.....

### TYPE OF TRIP

Business

Pleasure

Other

### HOLIDAY TYPE

Package

Backpacking / Trekking

Cruise

Camping

Other

### ACCOMMODATION

Hotel

Relative/ Friends Home

Other

### AREA

Urban

Rural

Altitude

*Do you have any recent or past medical history of note?*

*Do you have any known allergies? (egg, antibiotics, nuts ?)*

*Have you ever had a serious reaction to a vaccine given previously*

**WOMEN** *are you or could you be pregnant, planning a pregnancy or breast feeding?*

**The Nurses will call patients that do not need injections or malaria tablets to give general travel advice**

**PLEASE RING INTO THE SURGERY IN 7 DAYS TO BOOK A TRAVEL APPOINTMENT IF YOU HAVE NOT HAD A CALL FROM THE NURSE**

**TRAVEL VACCINE ADVICE**  
**RECOMMENDED VACCINES**

**Patient Name :-**

**DOB:-**

**DESTINATION:-**

**Date of Travel:-**

**To be given by GP surgery nurses as per up to date PGD's.**

Vaccine	Dose and route	Schedule	Recommended
Revaxis	0.5ml IM	X1	
Hepatitis A	1ml IM	X1	
Typhoid	0.5ml IM	X1	
MMR	0.5ml IM	X2 (if never had)	

**Advised to book at travel clinic**

Vaccine	YES / NO
Hepatitis B	
Yellow fever	
Japanese Encephalitis	
Rabies	
Men ACWY	