**TRAVEL VACCINATION REQUEST FORM**

Persons Travelling Abroad

Vaccination advice of countries may vary and it is the responsibility of the intending traveller to obtain information on the vaccination requirements of the country to be visited.

Please look at the information on the website [**www.fitfortravel.nhs.uk**](http://www.fitfortravel.nhs.uk) and find out which vaccine(s) you will require.

|  |
| --- |
| As part of provision under the NHS the following immunisations **can** be given by the Practice:-   * Hepatitis A - first and second/booster (6-12 months after first dose) * Typhoid – first (lasts for 3 years then needs) * Combined hepatitis A and typhoid – first dose (second dose is with Hepatitis A alone) * Tetanus, diphtheria and polio given in combination Td/IPV vaccine * Cholera * Combined Hepatitis A and B – all doses   Please note Hepatitis B vaccine cannot be given as a single agent for travel. |

|  |
| --- |
| Travel immunisations that **cannot** be given as an **NHS** service   * Yellow Fever * Japanese B encephalitis * Tick borne encephalitis * Rabies * Hepatitis B * Meningococcal meningitis (ACWY) * Malaria tablets (prophylaxis)   Malaria products can be purchased from a pharmacy whereas others may be prescription only. Most pharmacy’s can supply/prescribe this but there will be a charge. |

You are able to directly contact a Travel clinic for all aspects of travel safety, advice and immunisation. This will incur a charge. Contact details are as follows:-

Monklands Hospital (travel clinic) 01236 748748

Brownlie Centre, Glasgow 0141 211 1074

The Travel Clinic, Glasgow Airport 0141 848 4800

Emcare Travel Clinic, Glasgow 0141 404 0075

Boots Glasgow Fort 0141 773 4817

Please note we offer basic travel advice only. Any person going on long-term trips, backpacking holidays or to exotic locations that need further advice and non-routine vaccinations must contact a travel clinic (as above).

Once you know the provision of vaccines required for your travels/holiday, and are planning on attending the Practice for your vaccination(s), available from the NHS, you should complete the information requested below, and hand this form into the reception at the Practice.

**PLEASE ALLOW A MINIMUM OF 6 WEEKS BEFORE**

**YOUR INTENDED DATE OF TRAVEL TO ORGANISE VACCINATIONS**

|  |  |
| --- | --- |
| PURPOSE OF TRAVEL - if work related, please specify job and type of work to be undertaken |  |
| NAME |  |
| DOB |  |
| CONTACT TEL NO |  |
| DATE OF DEPARTURE /  LENGTH OF STAY |  |
| Name of Country, Town & Resort (including stopovers and length of stay) |  |
| PRESCRIPTION COLLECTION  (name of chemist) |  |

**WE RECOMMEND THAT YOU LEAVE YOUR PRESCRIPTION WITH THE CHEMIST UNTIL YOUR APPOINTMENT AS VACCINES BECOME INACTIVE IF LEFT OUT OF A FRIDGE**

Patient label

Please notify here if you are:

Pregnant 🞏 Planning a pregnancy 🞏

Or if you have:

Any drug allergies? ………………… ……………………………………………………………….

Or have had :

A reaction to any previous vaccinations? ……………………………………………………….

**Vaccinations required- as per the Fit for Travel advice you have obtained –**

**please tick below:**

□ Hepatitis A

□ Typhoid

□ Combined hepatitis A and typhoid

□ Tetanus/Diphtheria/Polio - in combination vaccine (supplies held in surgery)

□ Cholera

□ Combined Hepatitis A and B

**For office use only:**

**Date received ……………………… Date completed …………………………...**

JM / KM / KiM