

Whitevale Medical Group - Travel Form

- Please allow up to 6 weeks prior to travel for vaccinations to be prescribed and administered.
- Please note there is a £15 administration charge
- Please completed the form below and hand in to reception. After a few working days, call into reception to collect any prescriptions required and make an appointment with one of the nurses for the vaccines to be given.

REMEMBER TO BRING THE VACCINES WITH YOU TO YOUR APPOINTMENT

Personal Details

Name: Date of Birth:

Contact Telephone No: Sex: Female / Male

Email:

Trip Dates

Departure: Duration:

Itinerary

Country (Please include areas of country visited)

Duration

Can you access medical help within 24 hours

| | | |
|---|---|----------|
| <input style="width: 95%; height: 95%;" type="text"/> | <input style="width: 95%; height: 95%;" type="text"/> | YES / NO |
| <input style="width: 95%; height: 95%;" type="text"/> | <input style="width: 95%; height: 95%;" type="text"/> | YES / NO |
| <input style="width: 95%; height: 95%;" type="text"/> | <input style="width: 95%; height: 95%;" type="text"/> | YES / NO |
| <input style="width: 95%; height: 95%;" type="text"/> | <input style="width: 95%; height: 95%;" type="text"/> | YES / NO |
| <input style="width: 95%; height: 95%;" type="text"/> | <input style="width: 95%; height: 95%;" type="text"/> | YES / NO |

Trip Description - please tick all appropriate boxes

Type of Trip: Package Self-Organised Backpacking

 Camping Cruise Ship Trekking

Accommodation: Hotel Friends / Family

Location Type: Urban Rural

Personal Medical History

List all allergies that you have (e.g. eggs, nuts, antibiotics etc)

Have you ever had any side effects to antimalarials? Yes / No

If you have had a serious reaction to a vaccine in the past, which vaccine was it?

Have you recently suffered from any infection (e.g. heavy cold, flu or high temperature?) Yes / No

Does having an injection cause you to feel faint? Yes / No

Have you recently undergone radiotherapy, chemotherapy or steroid treatment? Yes / No

Are you pregnant, planning pregnancy or breast feeding? Yes / No

Any previous vaccinations?

PLEASE BE AWARE THAT WE MAY NOT BE ABLE TO PRESCRIBE ALL REQUIRED VACCINATIONS AND YOU MAY BE ADVISED TO CONTACT A TRAVEL CLINIC

We recommend all travellers check website www.fitfortravel.scot.nhs.uk before attending for their vaccinations.

I consent to the vaccines being given

Signed _____

Date: _____