

**Woodbrook Medical Centre**  
**28 Bridge Street**  
**Loughborough**  
**Leicestershire**  
**LE11 1NH**  
**01509 239 166**  
**www.woodbrookmedicalcentre.co.uk**

**IMMUNISATION FOR FOREIGN TRAVEL – Please complete the following form and return to the practice at least 6 weeks before you travel.**

Name:

DOB:

Telephone Number:

What are your Travel dates? (From/To)

How long are you travelling for?

All countries you will be visiting or staying in: Nearest City	Nature of travel: Pleasure / Business	
Accommodation Type:	Hotel/package Camping Back packing Cruise	Hostel/trekking Private home Sleeping rough
Are you on any prescribed medication?	YES/NO	
Are you taking any over the counter medication?	YES/NO	
Are you on any antibiotics or steroids?	YES/NO	
Are you immuno-suppressed i.e. spleen removed.	YES/NO	
For Female Patients - Are you pregnant?	YES/NO	
Any Previous immunisations	YES/NO	
Have you had any reactions to previous vaccines? If Yes, What?	YES/NO	
Do you hold a Yellow Fever Certificate?	YES/NO	

If you require Malarial Medication, it may need to be on a private prescription, this can be provided at a cost of £10 (you will still need to pay the chemist prescription fee per tablet).

**PLEASE NOTE IT IS YOUR RESPONSIBILITY TO ADHERE TO ANY RECOMMENDATIONS GIVEN BY YOUR NURSE, GP OR TRAVEL AGENT ESPECIALLY ANY CHANGES MADE AT SHORT NOTICE.**

**I CONFIRM THAT THE ABOVE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I CONSENT TO ANY INJECTIONS I MAY REQUIRE**

**SIGNATURE ..... DATE .....**  
**(Parent/guardian if under 16 years old)**