

Dr Ghaly  
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### IMMUNISATION FOR FOREIGN TRAVEL

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Number: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_

DATES From To	How Long
All countries you will be visiting or Staying at:	Nature of travel  Pleasure
Nearest City	Business
Accommodation Type:	Hotel/package      Hostel/treking Camping              Private home Back packing        Sleeping rough Cruise
Are you on any prescribed medication? Are you taking any over the counter Medication?	YES/NO  YES/NO
Are you on any antibiotics or steroids? Are you immuno-suppressed ie. spleen removed.	YES/NO  YES/NO
(Female patients only) 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)