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www.woodbrookmedicalcentre.co.uk

Woodbrook Medical Centre
 28 Bridge Street
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WE ONLY PROVIDE TRAVEL VACCINATIONS FOR REGISTERED PATIENTS.

TRAVEL FORMS MUST BE SUBMITTED AT LEAST 6 WEEKS BEFORE YOUR TRAVEL DATE OR YOU MAY HAVE TO ATTEND A PRIVATE CLINIC.

Name: _____ Date of Birth: _____

Address: _____

Mobile: _____

DATES: From To	How Long:
All countries you will be visiting or Staying at: 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? 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

*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)