

HAPPY HOUSE SURGERY

Request for Travel Vaccinations

Vaccines to be given at least two weeks prior to travelling

Name:

Address:

.....

Date of Birth:

Date of Travel:

Holiday Destination:

Other countries to be visited (if applicable):

Any previous vaccines for travel or injury (ie Tetanus):

Anti-Malaria's Previously Taken?

Important Note: The practice bases the vaccinations required upon the information provided by the patient and the advice given to it by the relevant vaccination authorities at the time at which the request was made and can accept no liability for any inaccuracies within the information provided to it.

I confirm that the information provided is correct and to the best of my knowledge accept the conditions outlined in the form.

Patient's Signature

Date: