PUDDLETOWN SURGERY
2a Athelhampton Road, Puddletown, Dorchester DT2 8FY
01305 848333 Email: puddletown.reception@dorsetgp.nhs.uk

Appointment booked:

If you are travelling abroad **EACH INDIVIDUAL** needs to complete this form and return it to us as soon as possible (ideally 8 -12 weeks before you travel). Forms received with less than 8 weeks' notice will NOT be accepted. In such cases, you may wish to contact an alternative travel clinic such as Boots or Masta Travel Health. (Details available on their websites)
Please enclose an itinerary, if you have one and a record of previous vaccinations if not given by us.
Please allow 7 days for the travel nurse to assess the information supplied before you telephone the surgery to arrange an appointment.
Please note: <u>There may be a charge for some vaccines and anti-malaria medication.</u>

Name		Date of Birth	
Address		Phone no.	
		Email	

Please indicate a Travel Lead for group/family who will be responsible for sharing information and advice discussed

Name		Phone no.	

Please Sign to give consent for Travel Lead to receive information about your trip & any vaccines or medication required on your behalf

Signed …… Date ……

YOUR TRAVEL PLANS

Please enter your travel plans in the table below (including stopovers of any length)

Country	**Area/Town** (give as much detail as possible)	**From** (date)	**To** (date)

Reason for Travel (please indicate)
Holiday / Visiting family or friends / Work – (give nature of job) .....

Type of accommodation/activities (please indicate all that apply)
Hotel / Apartment / Family home / Cruise ship / Hostel / Camping / Backpacking / Safari or Game Park
Jungle exploration / Trekking / Activities at Altitude / Activities away from main tourist area.

YOUR MEDICAL INFORMATION

Do you have any allergies? (give details).....

Have you ever had an adverse reaction to a vaccine or anti-malaria medication? (give details)

……

If female, are you pregnant/ planning a pregnancy/ breastfeeding/ not pregnant? (indicate)

Have you recently had radiotherapy, chemotherapy, or steroid treatment? YES/ NO

Do you or close family member, have a history of mental illness/depression/anxiety? YES/ NO

Any other medical conditions?.....

What is your weight? (if child or under 45kg).....

I confirm that the information given is correct to the best of my knowledge. I request and consent to receiving advice, vaccination, and/or malaria prophylaxis appropriate to the travel plan stated.

Signed …..... Date …..