

PRE-TRAVEL APPOINTMENT VACCINE INFORMATION

In order to give the appropriate travel vaccinations we need to know **which** vaccines you have already received. Please complete this form as soon as possible and hand it to reception who will **then** book a travel clinic appointment for you. It is the student’s responsibility to obtain their previous vaccination details and every effort should be made to do this.

FULL NAME:

DATE OF BIRTH:

MOBILE NUMBER:

If exact dates are unknown, approximate dates are acceptable.

VACCINE	DATE RECEIVED	DATE RECEIVED	DATE RECEIVED	DATE RECEIVED	RECEIVED BUT DATE UNKNOWN	NEVER RECEIVED
MMR (mumps, measles, rubella)	1)	2)				
TETANUS, DIPHTHERIA (last dose)						
POLIO (last dose)						
MENINGITIS ACWY	1)					
HEPATITIS A	1)	2)				
HEPATITIS B	1)	2)	3)			
TYPHOID						
YELLOW FEVER						

Please sign:

The above vaccination details are correct to the best of my knowledge.

Signature: Date:

OR

I have tried to obtain my previous vaccination details but have been unable to obtain.

Reason:

Signature: Date: