**CROWN MEDICAL CENTRE**

**TRAVEL HEALTH FORM**

**Name :**

**Date of Birth :**

**Mobile number : Other number :**

**Date of Travel :**

**Destination(s) :**

**How long for ?**

**Type of Holiday (please tick)**

**Cruise package holiday visiting family/friends backpacking business**

**Voluntary/charity work Aid worker Student**

**Type of Accommodation : (please tick)**

**Hotel Camping/Hostels Staying with friends/relatives**

**Other (please state)**

**Previous vaccination history and dates if known :**

|  |
| --- |
| **Tetanus/polio/diptheria MMR Influenza** |
| **Typhoid Hepatitis B Pneumococcal** |
| **Hepatitis A BCG (TB) Meningitis**  |
| **Rabies Japanese Encephalitis Cholera** |
| **Yellow Fever Tick-Borne Encephalitis Malaria tablets** |

**Any further information : (eg pregnancy or other medical conditions)**

**Please complete and return this form before your travel appointment with the nurse. Most vaccines need to be given at least 2 weeks before travel, courses of vaccines will take longer.**

**See** [**www.fitfortravel.nhs.uk**](http://www.fitfortravel.nhs.uk) **for general travel advice related to your destination**