

**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/diphtheria		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**

**DATE FORM RETURNED..... (Staff to add)**