

# Mountwood Surgery

## TRAVEL VACCINATION APPLICATION

**Travel forms to be handed in at least 4 WEEKS prior to departure**

**DATE FORM COMPLETED and handed to reception.....**

Personal details							
<b>Name:</b>				<b>Date of birth:</b>			
<b>Address:</b>							
<b>Easiest contact telephone number</b>							
Dates of trip							
<b>Date of Departure</b>							
<b>Return date or overall length of trip</b>							
Itinerary and purpose of visit							
<b>Countries being visited/Please be specific about location in country where possible</b>				<b>Length of stay</b>			
1.							
2.							
3.							
<b>Please tick as appropriate below to best describe your trip</b>							
<b>4. Holiday type</b>	Package		Self organised		Backpacking		
	Camping		Cruise ship		Trekking		
<b>5. Staying in area which is</b>	Urban		Rural		Altitude		
	Safari		Adventure		Visiting friends & family		
<b>6. Planned activities</b>							

**Have you had travel vaccines other than those given by this surgery?**

**Yes /No**

**If YES: please list vaccine name and dates**

**Patient please sign and date**

**Signature .....** **Date .....**

Updated SL/SF 2/4/2014