

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

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