

BEECH HOUSE SURGERY: IMMUNISATION AND MALARIA PROPHYLAXIS FOR FOREIGN TRAVELLERS

Complete ONE FORM for each traveller

SURNAME:		FORENAME(S):	
ADDRESS:		POST CODE:	
PHONE NO:		DATE OF BIRTH:	AGE:
Which country(s) are you visiting?		Please complete listing overleaf	
How long are you staying?		Please complete listing overleaf	
What date do you travel?			
Are you stopping anywhere on your journey? (Y or N)			
If 'Y' where?			
How long?		Hours/Days/Weeks*	
Are you staying in a hotel or a private home?			
Will you be camping or sleeping rough? (Y or N)			
Will be working in the local community? (Y or N)			
Have you ever been immunised against?		Year	TREATMENT PLAN:
TETANUS	YES/NO		
POLIO	YES/NO		
TYPHOID	YES/NO		
MENINGITIS	YES/NO		
CHOLERA	YES/NO		
YELLOW FEVER	YES/NO		
RABIES	YES/NO		
HEPATITIS A	YES/NO		
HEPATITIS B	YES/NO		
JAPANESE ENCEPHALITIS	YES/NO		
TICK BORNE ENCEPHALITIS	YES/NO		
MEASLES/MUMPS/RUBELLA	YES/NO		
Other - specify:			
Are you taking steroids?	YES/NO		
Are you taking any other regular medication?	YES/NO		
Are you pregnant?	YES/NO		
Have you reacted badly to any previous vaccine?	YES/NO		
If Yes which vaccine?			
Are you allergic to any medicine?	YES/NO		
If YES which?			
Do you have a medical condition requiring regular supervision?	YES/NO		
If YES what is the problem?			

