**Holiday Vaccination Request**

Dear Patient

In order that we can advise you about recommended vaccinations for your trip abroad, we require that you complete this form.

We require a completed form for each person travelling if they are registered with the practice.

Please note:- We only provide basic advice, if your trip is complex you should attend a Private Travel Clinic where fee is payable.

• Most vaccines need to be given at least 2 weeks prior to travel so you must complete

 This form at least 6 weeks before your departure date. Should you require a private prescription for anti-malaria medication, a fee will be payable to the pharmacy.

**You must pre-book your appointments.** It will be necessary to take your prescription to the

pharmacy at least 24 hours before your appointment for your injection.

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Contact Number |  |
| Date of Departure |  |
| Date of Return |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Countries to be visited**(including any you aretravelling through) | **Time in Area** | **Purpose of Trip** | **Type of Accommodation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Do you have epilepsy? YES/ NO

Do you have any allergies? YES/NO

WOMEN ONLY - Are you pregnant, planning pregnancy or Breast Feeding?

I have read and understood the above.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOLIDAY VACCINATION RECOMMENDATIONS**

**Previous Vaccinations**

|  |  |
| --- | --- |
| DTP |  |
| HEP A |  |
| TYPHOID |  |
| YELLOW FEVER |  |

**RECOMMENDATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **COUNTRY** | **VACCINATIONS** | **ANTI-MALARIALS** |
| **1** |  |  |  |
| **2**  |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

**Prescription Done YES/NO**

**Yellow Fever injections are available at the following**

Muirside Medical Practice, Baillieston Health Centre- Tel:- 0141 531 8040

**Private Travel Clinics**

**Gartnavel Hospital Travel Clinic 0141 211 1074**

**Houlihans Pharmacy- Travel Matters 0141 621 2970**

**Superdrug Travel Clinic 08450 260 830**

**EM Travel Clinic 0141 404 0075**

**MASTA 0141 221 4224** [**www.masta-travel-health.com**](http://www.masta-travel-health.com)

**Lloyds Pharmacy 0845 652 2482** [**www.lloydspharmacy.com**](http://www.lloydspharmacy.com)

**Monklands Hospital Travel Clinic 01236 712 134**

**Gartnavel General Hospital Travel Clinic 0141 211 1074**

**Glasgow Airport Travel Clinic 0141 848 4800**

**Signed :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**