

THE HEDON GROUP PRACTICE

Market Hill House
Hedon
Hull
HU12 8JD
Telephone: (01482) 899111
Dispensary: (01482) 891130
Fax: (01482) 890967

Dr A M Green
Dr V M J Walster
Dr S J Mason
Dr V K Menon
Dr J L Myers
Dr M N Ikpoh
Dr J Russell
Dr N Metcalfe

Also at:
Chapel Lane
Keyingham
HU12 9RA
Telephone: (01964) 622706

Dear Traveller

You may need travel vaccinations if travelling abroad for holiday or business depending on your destination. Please complete this questionnaire and return to the surgery **ideally 6 - 8 weeks before travelling** to help the Practice Nurse advise you and order the required vaccinations.

Please note the following:

1. Please provide as much information as possible about your planned trip e.g. cities you are visiting, how long you are on safari etc. If you have an itinerary please provide us with a copy.
2. Some injections can take 2-3 weeks to provide you with adequate protection so do not leave it until last minute to attend for your vaccinations
3. You may need more than one appointment to provide the advice and cover you require.
4. There is a charge for some vaccinations e.g. Yellow Fever, rabies and for malaria tablets. You will be asked for payment before receiving your vaccination or prescription.
5. There are some vaccinations such as Yellow Fever which we do not provide. However we will be able to advise where you can have such vaccinations given.
6. Please complete one form for each member of your party

VACCINATION HISTORY					
Name:			DOB:		
Previous vaccinations/malaria tablets and dates given:					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B enceph		Tick borne enceph	
Other					
Malaria Tablets					

PERSONAL DETAILS

Name		M/F	DOB:	
		Contact Tel No:		

Dates of Trip

Date of Departure		Date of Return	
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Itinerary & Purpose of Visit

Country to be Visited	Length of Stay	Purpose (Tourist/Business)	Place (Resort, City, Remote, etc)
1.			
2.			
3.			
Any future travel plans:			

Please tick as appropriate below to best describe your trip

Holiday type	Package	Cruise	Backpacking	Self-organised
	Camping	Trekking	Skiing	
Accommodation	Hotel	Family/Friends	Apartment	Tent
	Other			
Travelling	Alone	Family/Friends	Group	Other
Area	Rural	Altitude	Forest	Seaside
Planned Activities	Safari	Adventure	Scuba	Other

Personal Medical History

Do you have any significant medical condition? (including diabetes, heart or lung condition)
Are you on any regular medication?
Are you allergic to any medication, eggs nuts or antibiotics?
Do you have epilepsy or a history of fits?
Have you ever had a serious reaction to a vaccine?
Are you pregnant or breastfeeding?
Do you have any history of mental illness including depression or anxiety?
Have you recently undergone chemo or radiotherapy or steroid treatment?
Does having an injection make you feel faint?
Please write below any other information you feel may be relevant?