

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 contact the surgery 14 days after submitting the form to find out what vaccinations our Nurse has recommended and make an appointment if necessary.

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 | |
|-------------------|--|----------------|--|

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? |