

## Travel Vaccine Request Form

The purpose of this form is to help the surgery assess whether you are eligible for one of the 4 travel vaccines available on the NHS. These are ***Polio, Typhoid, Hepatitis A*** and ***Cholera***.

A separate form must be completed for each person requesting vaccination, and these **MUST** be returned to the practice **AT LEAST 8 WEEKS PRIOR TO TRAVEL**. If the practice is given less than 8 weeks notice, we will be unable to accommodate the request and you will need to see a private travel clinic to obtain your vaccinations.

Name and address

DOB

Country(ies) you are travelling to

- 1
- 2
- 3
- 4

Date of departure

Have you ever suffered a severe allergic reaction to any vaccine? Please specify vaccine and type of reaction

Are you currently pregnant or breastfeeding? YES / NO

### Patient Declaration

I certify that the above information is complete and true.

I am aware that the practice provides only the 4 vaccinations funded on the NHS. I am aware **it is my responsibility to read and follow the up to date travel health advice for my destination(s) provided at <https://travelhealthpro.org.uk/>** and I have been advised that if this advice recommends other vaccinations or malaria prevention medication, it is my responsibility to consult a private travel clinic to obtain these.

***Signed***

**For clinician use only**

***If Polio is recommended***

If patient has not had 3 confirmed doses: NEEDS TO COMPLETE PRIMARY COURSE DTP

If 3 previous vaccines, but last one over 10 years ago NEEDS BOOSTER DOSE DTP

***If typhoid is recommended (over 2 years old)***

If no vaccination in the last 3 years – NEEDS TYPHOID VACCINATION

If aged 1-2 years old – discuss with doctor, consider vaccination for high risk travel only

***If hepatitis A is recommended (over 1 year old)***

If never had hep A - NEEDS HEP A VACCINATION, WITH BOOSTER IN 6-12 MONTHS

If 1 previous dose over 1 year ago – NEEDS HEP A VACCINATION, NO FURTHER BOOSTER

If 2 previous doses, last dose over 25 years ago – NEEDS HEP A VACCINATION

***If cholera recommended (over 2 years old)***

Unless complete course cholera vaccination within last 2 years (3 doses for ages 2-6; 2 doses age 6+, no more than 6 weeks between doses) – NEEDS COMPLETE COURSE CHOLERA VACCINATION

**All 4 vaccines safe in immunosuppression, only absolute contraindication to all is confirmed anaphylaxis to vaccine or a component.**

**Pregnancy/breastfeeding – OK for DTP/typhoid/hep A, caution with cholera – discuss with GP, high risk travel only**