

## TRAVEL VACCINATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Chart No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_. Telephone Number: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Pregnant / Planning Pregnancy: Yes \_\_\_\_ No \_\_\_\_

Known Allergies: \_\_\_\_\_

Previous Vaccinations: \_\_\_\_\_

Adverse Effects: Yes \_\_\_\_ No \_\_\_\_  
(if yes please give details)

Own G.P. (if other than "Clady"): \_\_\_\_\_

Address: \_\_\_\_\_

Hepatitis A Status: \_\_\_\_\_

Family History: \_\_\_\_\_

Temperature: \_\_\_\_\_

### Details of Journey

**Destination:** \_\_\_\_\_

**Duration of Stay:** \_\_\_\_\_

**Type of Accommodation:** \_\_\_\_\_  
(city/rural/ tourist resort)

**Date of Departure:** \_\_\_\_\_

**Date of Return:** \_\_\_\_\_