Last reviewed 09/05/2018

PARK PRIVATE CLINIC – Travel Vaccination Form

Please write clearly and in BLOCK CAPITALS

Forename: _____ Surname: _____

Address: _____ Post Code: _____

Tel No: _____ Gender: _____ DOB: _____

Email Address: _____

How did you hear about us? Search Engine ☐ Word of Mouth ☐ Social Media ☐ Leaflets/Flyer ☐ Other? State: _____

Please tick if you DO NOT want to be added to our mailing list for marketing purposes

Are you suffering from any minor ailments? No ☐ Yes: ☐ State: _____

Do you have any long term medical conditions? No ☐ Yes: ☐ _____

Do you take any regular medication? No ☐ Yes: ☐ _____

Have you recently taken antibiotics or steroids? No ☐ Yes: ☐ _____

Do you suffer from anxiety, depression or other psychological illness?

No ☐ Yes: ☐ _____

Have you received treatment for chemotherapy or radiotherapy? No ☐ Yes ☐

Do you have any problems with your liver or kidneys? No ☐ Yes: ☐ _____

Do you have any allergies (including eggs)? No ☐ Yes: ☐ _____

Have you had a bad reaction to vaccines previously? No ☐ Yes ☐ Are you HIV positive? No ☐ Yes ☐

Have you had your spleen removed? No ☐ Yes ☐ Do you suffer from Epilepsy? No ☐ Yes ☐

Have you had a live vaccine with the last 28 days? No ☐ Yes: ☐ _____

(Live vaccines are: Yellow Fever, BCG, MMR, Chicken Pox, Rotavirus, Influenza, Oral Polio)

If YES please state the vaccine and date you had it: _____

Women only: Are you pregnant, trying to conceive or breastfeeding? No ☐ Yes ☐

Departure Date: _____ Return Date: _____ Duration of stay: _____

Countries you intend to visit – in chronological order is possible (including stopovers): _____

_____

Which best describes your trip?

Safari ☐
Climbing to high altitudes ☐
Sports activities ☐

Accommodation:

Tourist Hotels ☐
Staying with family/friends ☐
Local accommodation ☐

Level of organisation:

Organised tour ☐
Organising yourself ☐
Business trip ☐
Voluntary work ☐

The following travel vaccinations are usually available free on the NHS: Diphtheria, Polio, and Tetanus, Typhoid, Hepatitis A (incl. when combined with Typhoid or Hepatitis B) and cholera. NHS GPs usually require you to book well in advance of your departure date.

- **By singing this form I agree to make payment for the services received today at Park Private Clinic as per published prices.**
- **I understand that there are no refunds on anti-malarial tablets and that payment is to be made on the day of the treatment.**

(Our prices can be found on our website, in the waiting room or you can ask a member of staff)

Signature: _____ **Name:** _____ **Date:** _____

Relationship to patient (if not the patient): _____

PLEASE CONTINUE OVERLEAF

Forename: _____ Surname: _____ DOB: _____

Previous vaccination history (please give dates if known):

Vaccinations	Date/s	Travel Vaccines	Date/s
BCG (TB)		Cholera	
Chicken Pox		Diphtheria/Tetanus/Polio	
Flu / Swine Flu		Japanese Encephalitis	
HPV (Gardasil)		Hepatitis A	
Hepatitis B		MMR	
Kenalog		Polio	
Meningococcal ACWY		Rabies	
Meningitis B		Tick-Bourne Encephalitis	
Shingles		Typhoid	
Steroid Injection		Yellow Fever	

FOR DR'S / PARK PRIVATE CLINIC USE ONLY

Date	Vaccine	Dose (1st/2nd/3rd/Booster)	Batch No/Expiry Date	Site Given	Signature	Price

- ☐ No contraindications
- ☐ Post treatment observation
- ☐ Post treatment discussed potential side effects
- ☐ Written advice
- ☐ Travel advice
- ☐ Discussed other vaccines and diseases
- ☐ Discussed ABCDE, bite prevention etc.