## PARK PRIVATE CLINIC - Travel Vaccination Form

Forename:	Surname:	
Address:	Trivel Voccions	Post Code:
Tel No:	Gender:	DOB:
Email Address:	elitlariosonil eterranial	HPV (Gavetagts)
w did you hear about us? Search Er ase tick if you DO NOT want to be a	ngine Word of Mouth Social Me dded to our mailing list for marketing p	dia Leaflets/Flyar Other? State:
Are you suffering from any mind		Yes: State:
Do you have any long term med	lical conditions? No	Yes:
Do you take any regular medicat	tion? No	Yes:
Have you recently taken antibio	tics or steroids?	Yes:
	ression or other psychological illnes	the state of the s
No Yes:		**************************************
Have you received treatment for	r chemotherapy or radiotherapy?	No Yes
Do you have any problems with		No Yes
Do you have any allergies (includ		es:
Have you had a bad reaction to v		
Have you had your spleen remov		☐ Are you HIV positive? No ☐ Ye.
i in the land object it fellion	ved? No Yes	Dougle suffered a company
		☐ Do you suffer from Epilepsy? No ☐ Ye
Have you had a <u>live</u> vaccine with	the last 28 days? No.	Vac-
(Live vaccines are:	the last 28 days? No[_] Yellow Fever, BCG, MiMR, Chicken P	Yes: [ ] [ Ox. Rotavirus, Influenza, Oval Dalla)
(Live vaccines are: f YES please state the vaccine an	the last 28 days? No[_] Yellow Fever, BCG, MiMR, Chicken P id dete you had It:	Yes: [] Ox, Rotavirus, influenza, Oral Polio)
T YES please state the vaccine an Women only: Are you pregnant, t	the last 28 days? No[] Yellow Fever, BCG, MiAR, Chicken F id data you had it: trying to conceive or breastfeeding	Yes: \tag{\text{Yes}} \text{Yes} \text{Yes} \text{Yes} \text{Yes} \text{Yes} \text{Yes} \text{Yes} \text{Yes}
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(Live vaccines are:  If YES please state the vaccine an  Women only: Are you pregnant, to  Departure Date:  Countries you intend to visit — in  Which best describes your trip?  Safari  Climbing to high altitudes  Sports activities  The following travel vaccinations are  combined with Typhoid or Hepati  By singing this form I agre  published prices.  I understand that there a  of the treatment.  (Our prices can be	the last 28 days?  Yellow Fever, BCG, MAMR, Chicken Pad date you had it:  trying to conceive or breastfeeding.  Return Date:  chronological order is possible (incl  Accommodation:  Tourist Hotels  Staying with family/friends Local accommodation  e usually available free on the NHS: Diphthe itis B) and cholera. NHS GPs usually require the to make payment for the service.	Yes:

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Vaccinations	Date/s	Travel Vacci	nes	Date/s	
BCG (TB)	200 01	. Cholera		3010/3	
Chicken Pox		Diphtheria/Tetar	us/Polio		
Flu / Swine Flu		Japanese Encer			
HPV (Gardasil)		Hepatitis			
Hepatitis B		MMR			
Kenalog		Polio			
Meningococcal AC	VVY	Rabies	anamia y kaleny	TE TO STEEL BUTTON	<b>F</b> Gay
Meningitis B		Tick-Bourne Ence	phalitis		
Shingles		Typhoid	SESTEMBER BOSTERS		·
Steroid Injection		Yellow Fev	er easterne	e velenos una e	
ate Vaccine	*FOR DR'S / F  Dose (1*1/2**/8**/Booster)	*FOR DR'S / PARK PRIVATE CLINIC USE ONLY*  DSE (1*/2**/3**/Booster) Batch No/Expiry Date Site		Signature	Pric
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