

# HOLIDAY HEALTH PLANNER

**PLEASE COMPLETE A SEPARATE FORM FOR EACH PERSON TRAVELLING**

Please answer the following questions to enable the nurse to assess whether or not you are adequately protected for travel abroad.

<b>NAME</b>	<b>ADDRESS</b>
<b>DATE OF BIRTH</b>	
<b>TELEPHONE NUMBER</b>	

List all countries that you intend to visit (including brief stopovers)

Country	City	Type of Accommodation(*)	Duration of stay
Please continue on reverse if required			

(\*) Select from: Hotel/Apartment/Camping/Trekking/Safari/Visiting friends or relatives

Date of Departure \_\_\_\_\_

*This form must be submitted a minimum of eight weeks before travel. When the Nurse assesses your form, travel plans, medical history and medication, they may deem it to be complex. If this is the case, then you may have to visit a private travel clinic.*

Please return this form to the surgery allowing 2-3 days for a Nurse to assess your requirements. You may then telephone the surgery and a Receptionist will advise you whether or not vaccinations are required.

To be completed by Nurse				
Vaccinations	Required	To consider	Price	When to be administered
Hepatitis A – Stat/IM Brand:			Free	
Hepatitis B			Private Travel Clinic	
Typhoid – Oral/Injection Brand:			Free	
Diphtheria/Tetanus/Polio Brand: Revaxis – Stat/IM			Free	
Rabies			Private Travel Clinic	
Meningitis ACWY			Private Travel Clinic	
Yellow Fever			Private Travel Clinic	
MMR			Free	
Other Vaccines				
Malaria and other info				Appt time required

Nurses Signature: \_\_\_\_\_

Date: \_\_\_\_\_

GP Counter signature: (if required) \_\_\_\_\_

Date: \_\_\_\_\_

Please refer to NATHNAC.NET for further information.