

Parkview Practice
Travel Vaccine Request

One form per person. Please ensure all information is filled in correctly.

Name:	Date of birth:
Address:	
Easiest contact number:	

Personal medical history

Do you have any allergies?(please detail)

Please list any current or repeat medication:

Medical history – past or present:

Are you pregnant or planning any pregnancy within the next 6 months?

Itinerary

Destination: (incl. All countries & places visiting)

Date of departure:

Length of stay:

Purpose of trip:

Mode of transport:

Type of accommodation:

Are you traveling to different countries on your trip? (If yes where?)

Will you be travelling out with recognised tourist areas?

Direct flight or any stopovers even for refueling?

For Nurse use