

Braids Medical Practice Travel Form

By completing this form you are stating that you have read the travel recommendations as advised and accept full responsibility for your own health risks whilst travelling.

If you do not wish to complete the form The Braids Medical Practice will unfortunately be unable to offer you an appointment for your NHS vaccinations and you should go to a travel clinic.

Date of travel:..... **Date of Return:**.....

Destination(s):

Option 1

I have been to a travel clinic for a consultation and they have advised me to get:

Hepatitis A Typhoid Diphtheria, Tetanus & Polio

Option 2

I have looked at the Fit for Travel website

I have checked ALL the countries I will be visiting
and the recommendations for each

I have checked the immunisations usually advised

I have checked for other vaccines to consider

I have checked the Malaria maps and read the
recommendations for anti-malarial tablets

I have read about other risks
(eg recent outbreaks and non-vaccine preventable diseases)

After looking at Fit for Travel and my own vaccination records I think I need:

Hepatitis A Typhoid Diphtheria, Tetanus & Polio

Name:..... **Date of birth:**.....

Signed:..... **Date:**

The Practice Nurse will also provide you with written travel advice at your appointment which should be read before travelling. This information is also available on our website.