# CONSENT FOR IMMUNISATION FOR FOREIGN TRAVEL

***(Please complete all fields…)***

Full Name: ………………………………Age: ……… D O B:.…………

Which country are you visiting: …………………………………………

Date you leave: ………………………………………………………….

How long are you staying: ………………………………………………

Are you stopping anywhere on the journey?e.g. change of flights: Yes/No

If yes, where?: …………………………………………………………..

For how long?: ………………………………………………………….

Are you staying in a hotel or private home? Yes/No

Will you camp or sleep rough? Yes/No

Have you been immunised previously against:

**When?**

**When?**

**Yellow Fever**

**Tetanus**

yes/no

yes/no

**Polio**

yes/no

**Polio**

yes/no

**Typhoid**

yes/no

**Typhoid**

yes/no

**Others** (Please state)

**Meningitis**

yes/no

yes/no

**Hepatitis A**

### HOLIDAY VACCINATION COST CONSENT

I agree to pay the following cost for holiday vaccinations/prescriptions should I require them.

## Meningitis ACWY

## Hepatitis B (Course of 3) to pay for if travelling

**£50.00**

**£85.00**

**Private Prescription for Malaria Tablets**

(Further costs will be incurred for tablets at the chemist)

**£11.50**

**Patient’s signature: ................................... Date: ………………….**

**Print Name: ………………………………**

**(All fees must be paid for prior to commencement)**

***VACCINATIONS REQUIRED (Surgery Use Only)***