

# 30 KINGSWAY SURGERY TRAVEL SCHEDULE

Name:	DOB:	Phone Number:			
Address:					
Travel itinerary:					
Date of departure:					
Length of stay:					
Destinations and any stopovers:					
Type of travel – holiday, business etc					
Accommodation – hotel, camping etc					
Please allow 48 hours for completion of this form and then ring 0151 928 8668 to book your appointments or call in at reception.					
<p><b>PLEASE NOTE</b>  <b>This form is to assist you in making a decision about travel vaccines for your trip. However, it is your responsibility to make any appointments with the Practice Nurse and for completion of any vaccination course. Please inform nurse of any health conditions or if you are pregnant.</b></p>					
<b>Recommendations</b>					
Vaccination	Yes recommended	NO	Up to date	Discuss	Cost
Tetanus/diphtheria/polio					Free
Typhoid					Free
Hepatitis A					Free
Cholera					Free
Recommended time to start vaccinations prior to travel					
Schedule planned by		Name:		Date:	
<p>Travel information, recommended vaccines and risk area for Malaria and other travel advice can be found on <a href="http://www.fitfortravel.nhs.uk/home.aspx">http://www.fitfortravel.nhs.uk/home.aspx</a></p>					
<p><b>I acknowledge that I have read and followed online, government and NHS advice on selecting my travel vaccines and not received in house advice.</b></p> <p><b>Signed:</b></p> <p><b>Date:</b></p>					