

## HOLIDAY HEALTH PLANNER

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

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

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_  
**DATE OF BIRTH** \_\_\_\_\_  
**TELEPHONE NO.** \_\_\_\_\_

Please list all countries that you intend to visit (including brief stopovers):

COUNTRY	CITY	TYPE OF ACCOMMODATION (*)	DURATION OF STAY

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

**DATE OF DEPARTURE:** ...../...../.....

Return this questionnaire 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 and make you an appointment if necessary.

**\*\* THERE IS A CHARGE FOR SOME VACCINES – THE RECEPTIONIST WILL ADVISE YOU\*\***

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### NURSES USE ONLY

VACCINATIONS	REQUIRED	TO CONSIDER	Price	WHEN TO BE ADMINISTERED
<b>Hepatitis A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Free</b>	
<b>Hepatitis B</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>£36</b> (1 dose) <b>£76</b> (3 doses) <b>£97</b> (4 doses)	
<b>Typhoid</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Free</b>	
<b>Diphtheria/Tetanus/Polio</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Free</b>	
<b>Rabies</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<b>£58</b> (1 dose) <b>£101</b> (3 doses)	
<b>Meningitis ACWY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>£44</b>	
<b>Yellow Fever</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>£58.75</b>	
<b>Others</b>	<input type="checkbox"/>	<input type="checkbox"/>		

**Malaria prophylaxis recommended**

**YES/NO**

**Signature** .....

**Date** ...../...../.....