

IMMUNISATIONS FOR FOREIGN TRAVEL

Name:

Address:

Please tell the doctor/nurse if you have any allergies, regular medication or are pregnant.

Please list ALL COUNTRIES to which you are travelling (including any stops on the way).

Date of Departure:

Date of return:

YOUR IMMUNISATIONS			
	Dates of previous immunisation	Booster needed at	New Immunisation required
Cholera (single dose)		6 months	Yes/No
Hepatitis			
A vacc (single dose age>16)		1y then 5y	Yes/No
A gammaglobulin		each trip	Yes/No
B vacc (3 doses)		5 years	Yes/No
Meningococcus A&C		3 years	Yes/No
Rabies		3 years	Yes/No
Polio		10 years	Yes/No
Pneumococcus			Yes/No
Tetanus		10 years	Yes/No
Tuberculosis(BCG)			Yes/No
Typhoid			
Injection (single dose)		3 years	Yes/No
Capsules(3 caps)		1 year	Yes/No
Yellow Fever		10 years	Yes/No