PLEASE NOTE: WE NEED A MINIMUM OF 6 WEEKS NOTICE (MORE IF COMPLICATED ITINERARY) BEFORE THE DEPARTURE DATE TO ENABLE US TO OFFER AN APPOINTMENT. IF YOU NEED TRAVEL VACCINATIONS URGENTLY THE NEAREST TRAVEL CLINC IS:

NEWLAND HEALTH CENTRE 01482 492219 AFTER 10.30AM MONDAY TO FRIDAY www.newlandhealthcentre-hull.nhs.uk OR

MASTA TRAVEL HEALTH, Lavender Grove Surgery, Boroughbridge Road York, YO26 5RZ Tel: 0330 100 4325 www.mastatravel-health.com

(e.g.hotel/back	v isited (If possib packing/safari)	le state which area o	of the country) Type of holiday
Date of Departu	 /re	How long will y	ou be away?
Have you previo	ously had any of th	ne following immunisa	tions?
	YES or NO	Date	Surgery Use
TETANUS	***************************************	•••••	••••••
DIPTHERIA	*****	***************************************	
POLIOMYLITIS	***************************************	•••••	•••••
TYPHOID	***************************************	***************************************	•••••
HEPATITIS A		***************************************	•••••
HEPATISTS B	•••••	••••••	•••••
YELLOW FEVER	***************************************	•••••	•••••
ANY OTHER VA	cc	•••••	••••
Are you allergic	to anything?	P447*********************************	***************************************
Are you taking o	any medicines or to	ablets?	***************************************
Have you had a	ny serious illnesses	?	
Receptionist. (NB: One form to Please telephone	os much detail of for each traveller) e the surgery 2 — 3	is you can and the	en leave this form with the in the form and we will advise ould attend.
(The injections w	ill be administered	by the Practice Nurs	e)
		• • • • • • • • • • • • • • • • • • • •	