**Travel Preparations**

**Ruby Country Medical Group**

**(TO BE COMPLETED MINIMUM OF 6 WEEKS PRIOR TO TRAVEL)**

\*\* PLEASE NOTE TRAVEL CLINIC APPOINTMENTS ARE HELD AT HOLSWORHTY OR HATHERLEIGH MEDICAL CENTRE\*\*

***NB: IF TRAVELLING IN LESS THAN 6 WEEKS - PLEASE CONTACT THE TRAVEL CLINIC***

 ***BARNSTAPLE – 01271 373346 OR EXETER – 01392 430590***

**NAME ………………………………………………..………………………………… DATE OF BIRTH …………………………………………..….**

**CONTACT NUMBER ………………………………………………………………………………………………………………………………………….**

**DEPARTURE DATE …………………………………………………….………… DATE OF RETURN ………………………….………………..**

**REASON FOR TRAVEL eg. HOLIDAY, WORK (IF WORK PLEASE STATE NATURE OF WORK) ……………………………….**

**……………………………………………………………………………………………………………………………………………………………..…………**

**TYPE OF ACCOMMODATION eg HOTEL, CAMPSITE ………………….………………………………………………………………………**

**COUNTRIES VISITING (INCLUDING AIRLINE STOPOVERS) …………………………..…………………………………………………….**

**ANY OTHER INFORMATION eg ALLERGIES, PREGNANCY ETC ……………………………………………………………………………**

**TO BE COMPLETED BY THE TRAVEL NURSE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COVERED DATE** |  | **REQUIRED** |  |  |  |  |
| **Tetanus** |  |  |  |  |  |  |  |
| **Polio** |  |  |  |  |  |  |  |
| **Diphtheria** |  |  |  |  |  |  |  |
| **Typhoid** |  |  |  |  |  |  |  |
| **Hep A** |  |  | **1st** |  | **Booster** |  |  |
| **Hep B** |  |  | **1st** |  | **2nd** |  | **3rd** |
| **Jab B** |  |  |  |  |  |  |  |
| **Yellow Fever** |  |  |  |  |  |  |  |

**OTHERS ……………………………………………………………………………………………………………………………………………….**

**MALARIA ……………………………………………………………………………………………………………………………………………..**

 **COMMENTS …………………………………………………………………………………………………………………………………………**

 **SIGNED (NURSE) …………………………………………………………. DATE ……………………………………………………………**

 **APPOINTMENT DATE ……………………………………………………………………………………………………………………………**