

Riverside Medical Practice

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riversidemedicalpractice.com

Travel Vaccinations

Name:

Contact Phone:

Date of birth:

Date of travel:

Length of trip:

Country to be visited (if more than one, please place in order and state the length of stay in each)

Large countries please state which area (i.e India, Africa, China, Russia, Thailand etc.):

Nature of trip:

Regular trip to this area:

If yes, are you staying with relatives/friends:

Do you have any allergies?:

Date completed:

For Nurse use only:

<i>Previous vaccine and dates</i>	<i>Recommended date given</i>	<i>Malaria chemoprophylaxis</i>

Nurses signature: