|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please complete this form and email it to donccg.fieldroadreception@nhs.net. The Practice Nurse will contact you by phone to discuss your holiday requirements. | | | | | | | | |
| NAME | | | | DATE OF BIRTH | | | | **AGE** |
| ADDRESS | | | **TEL** **Land** | | | | | |
| **Mobile** | | | | | |
| May we have your permission to leave messages / voice mail? | | | **Yes No** | | |
| DATE OF DEPARTURE | | | | | |
| DATE OF RETURN | | | | | |
| COUNTRIES Please give details of the resorts/regions to be visited in the order they are to be visited. Remember to list any countries you will be travelling through. | **TIME IN COUNTRY**  Days. | | **PURPOSE OF TRIP**  Business / Holiday / Visiting relatives. | | **TYPE OF ACCOMODATION**  Hotel / Hostel / Campsite / Family home. | | | |
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|  |  | |  | |  | | | |
| PLEASE LIST ANY ALLERGIES | | | PLEASE LIST ANY **REGULAR MEDICATION** | | | | | |
| Any past history of mental illness including anxiety & depression: | | | | | | | | |
| Any recent chemotherapy or radiotherapy | | | | | | | | |
| Pregnant, planning a pregnancy or breast feeding: | | | | | | | | |
|  | | | | | | | | |
| Patient signature | | Date | | | | | **P.T.O.** | |

**To be completed by the PRACTICE NURSE.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** | |
| Tetanus/Diptheria/Polio |  |  |  | |
| Hepatitis B |  |  |  | |
| Hepatitis A |  |  |  | |
| Typhoid |  |  |  | |
| Yellow Fever |  |  |  | |
| Rabies |  |  |  | |
| Japanese Encephalitis |  |  |  | |
| Malaria Tablets |  |  |  | |
| Other |  |  |  | |
| **Nurse Signature** | | | | **Date** |