

The Simpson Centre and Penn Surgery Immunisation and Consent Form

To be answered by, or on behalf of the person who is to be immunised.

Name: _____ **DOB:** _____ **GP:** _____

Today's Date

Please answer **yes/no** to the following

Are you unwell at present?	
Have you or any close relative ever suffered with any psychiatric illness including depression, anxiety or epilepsy?	
Have you any ongoing illness for which you see your doctor or take treatment for?	
Are you taking or have you recently taken oral steroids (e.g. prednisolone)?	
Could you be pregnant or are you planning a baby? Are you breastfeeding?	
Have you or any living relative or anyone else that you are in close contact with had chemo or radiotherapy within the last 6 months?	
Please state if you have any known allergies	
Have you had any injections in the last three months?	
Have you had any problems or reactions to any injection in the past?	
Which countries are you visiting or passing through?	
What type of accommodation will you be staying in?	
Date of travel / Length of stay	

I confirm that I have answered the above to the best of my knowledge and request immunisation as appropriate to my trip together with advice on anti-malarial precautions.

Patient's signature

Parent or guardian if under 16 years

Date	Recommended Immunisations	Malaria Prophylaxis	Fee
	PGD		
	PSD		

Authorising GP's name and signature