

<u>Office use only</u>  Emis number
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## Travel and vaccination form

### Personal Details:

NAME: .....
DATE OF BIRTH: ...../...../.....
ADDRESS: ..... .....
CONTACT NUMBER: .....

### Holiday Details

DATE OF TRAVEL:										
DATE OF RETURN:										
COUNTRIES VISITING AND LENGTH OF STAY ( listed in order of travel )										
<table border="1"><thead><tr><th>Countries visiting</th><th>Length of stay</th></tr></thead><tbody><tr><td>1).....</td><td>.....</td></tr><tr><td>2).....</td><td>.....</td></tr><tr><td>3).....</td><td>.....</td></tr><tr><td>4).....</td><td>.....</td></tr></tbody></table>	Countries visiting	Length of stay	1).....	.....	2).....	.....	3).....	.....	4).....	.....
Countries visiting	Length of stay									
1).....	.....									
2).....	.....									
3).....	.....									
4).....	.....									
ITINERY / ANY PLANNED ACTIVITIES (e.g. safari) ..... ..... ..... .....										

Medical history

ALLERGIES: e.g. eggs, antibiotics, latex or nuts

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ANY PREVIOUS VACCINATIONS: (that you are aware of)

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