

BFWC Travel Itinerary Form

Today's Date: _____

Patients Name : _____

Patients DOB : _____

List vaccinations not given at our clinic(if known):

Date given	Vaccine given

This travel information helps your doctor to provide an up to date vaccination schedule.

Destination (Country)	Date of Arrival	Date of Departure	Type of Accommodation Urban/Rural (Resort/Hotel/Backpacking/Tour)

We recommend that you make a travel consult at least 6 weeks prior to your departure date.

This ensures enough time to complete vaccination schedules if required.

Please complete this form and bring to your next travel consultation.