|  |  |
| --- | --- |
| **Travel vaccine record for:**      **Form completed by:**       | Delete this text and place address here…… |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Disease protection** | **Code** | **Stage of Vaccine** | **Next vaccine due \*** |
|       | Tetanus, polio and diphtheria |  | Booster | 10 years if risk at destination |
|       | Hepatitis A |  | 1st dose | 6 – 12 months’ time |
|       | Hepatitis A |  | 2nd dose | 25 years |
|       | Typhoid |  |  | 3 years  |
|       | Hepatitis A + typhoid combined |  | 1st Hep A | Hepatitis A in 6 -12 months; typhoid in 3 years |
|       | Hepatitis A + typhoid combined |  | 2nd Hep A | Hepatitis A in 25 years; typhoid in 3 years |
|       | Hepatitis A + B combined |  | 1st dose |       |
|       | Hepatitis A + B combined |  | 2nd dose |       |
|       | Hepatitis A + B combined |  | 3rd dose |       |
|       | Hepatitis A + B combined |  | 4th dose |       |
|       | Hepatitis B |  | 1st dose |       |
|       | Hepatitis B |  | 2nd dose |       |
|       | Hepatitis B |  | 3rd dose |       |
|       | Hepatitis B |  | 4th dose |       |
|       | Meningitis ACW135 & Y |  |  | Check in 3 - 5 years – no defined time given in Green Book just now |
|       | Rabies |  | 1st dose | In 7 days |
|       | Rabies |  | 2nd dose | In 21 days (14 days alternative if insufficient time) |
|       | Rabies |  | 3rd dose | Consider booster in 10 years if at risk |
|       |       |       |       |
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**Code for vaccine product given**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Revaxis | **E** | Avaxim | **K** | Vivotif | **O** | Twinrix Adult | **U** | Menveo |
| **B** | Epaxal (no longer available) | **F/G** | Vaqta Adult/Paediatric | **L** | Hepatyrix | **P** | Twinrix Paediatric | **W** | Nimenrix |
| **C** | Havrix Monodose | **H** | Typherix | **M** | Viatim | **Q/R** | Engerix B /Paediatric | **X** | Rabies Vaccine BP |
| **D** | Havrix Junior Monodose | **J** | Typhim Vi | **N** | Ambirix | **S/T** | HB Vax PRO /Paediatric | **Z** | Rabipur |

\*Guidance adapted from Immunisation Against Infectious Disease (the Green Book) <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

 **Please note:** the timing intervals pre-set in this form were up to date at the time the form was uploaded to the website. It is the user’s responsibility to always check for the latest version.

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