IMMUNISATION HISTORY REQUEST

UNIVERSITY HEALTH SERVICE

YOUR DETAILS	
Full name:	
Date of birth:	
Telephone:	

PURPOSE OF REQUEST

☐ Travel ☐ Moving overseas
☐ Work ☐ Other (please specify):

DELIVERY

☐ I will collect from reception
☐ Please post using the stamped address envelope I have provide (please attach to this form)
☐ I have paid the additional fee for postage, please send to (insert address clearly):
☐ Please fax to (insert number clearly):
☐ Please email to (insert email clearly):

DECLARATION

- I am aware that some immunisations may not be recorded in my medical records and so details may not be available. (e.g. vaccination given by schools, private travel clinics, occupation health departments, etc.)
- I am aware that there is a fee payable for this non-NHS service & agree to pay the fee before work will commence of extracting the information from my medical record.
- I am aware that you aim to complete these requests within ten working days.

Signed: Date: **This form must bear your ACTUAL signature**

IMMUNISATION RECORD

Name	Date of Birth	NHS No

Vaccination	Date given	FC/B	Vaccination	Date given	FC/B
Tetanus			Hepatitis A 1st		
Diphtheria			Hepatitis A 2nd		
Polio			Hepatitis B 1st		
BCG			Hepatitis B 2nd		
MMR 1st			Hepatitis B 3rd		
MMR 2nd			Hepatitis B booster		
Single measles			Typhoid		
Single Rubella			Yellow Fever		
Meningitis C			Influenza		
Pneumonia			H1N1		
Other			Other		

PRACTICE STAMP

I confirm that this is a certified copy from the patient's medical records:

Signed

Date