

Providing the best standard of medical care for the community of Portmarnock & beyond

Portmarnock GP Clinic
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Travel Vaccine Information
(please fill this out before seeing your doctor)

Name: _____

DOB: _____

Date of departure: _____

Date of return: _____

Contact number: _____

Destinations (inc. stopovers)

- _____
- _____
- _____
- _____

Previous Vaccinations (dates & names)

- _____
- _____
- _____
- _____

Are you taking any prescription medications? If yes, please list below

Do you have any allergies? Please circle Yes or No

Are you pregnant or breast-feeding? Please circle Yes or No

Signature _____

Date _____

Your doctor will go through what vaccines you may need, whether or not you need anti-malaria tablets along with any other precautions you may need to take (for example in relation to altitude, epidemics or rarer illnesses that may be relevant to your itinerary).

Bon Voyage!!!