

Name:	Date of birth/swedish ID number:	Phone number:
Will travel to (country, area):	Departure date:	Duration of stay abroad:
Previously vaccinated at this clinic? Yes, year: No	Return visit for my trip abroad? Yes	Previously vaccinated prior to travel at another clinic? Yes, year No

	Yes	No
Are you being treated with cortisone (pill/injections) and/or being treated with cytotoxic drugs?		
Have you been/are you being treated for some long-term and/or serious disease?		
Are you being treated with anticoagulation medication?		
Women only - Are you pregnant/breastfeeding?		

Are you allergic to:

Egg?		
Antibiotics? Enter type:		
Mercury preservatives (thimerosal, merthiolate)?		
Formaldehyde, aluminium or gelatine?		

Questions concerning possible malaria prophylaxis: Do you suffer from:

Psoriasis?		
Epilepsy?		
Depression or other mental illness?		

Consent for vaccination given by legal guardian (minor < 18 years)

OBS! Only caregiver		Sign	Sign
Doctor prescribed vaccinations:			
Shingles	Shingrix		Meningococcal A,C,W,Y
Denguefever	Qdenga		Meningococcal A,C,W,Y
Tick borne encephalitis (TBE)	Encepur		Meningococcal B
Tick borne encephalitis (TBE) child	Encepur jr		Meningococcal B
Tick borne encephalitis (TBE)	FSME		Morbilli, parotitis, rubella
Tick borne encephalitis (TBE) child	FSME jr		Morbilli, parotitis, rubella
Yellow fever	Stamaril		Pneumococcal risk group YES/NO
Hepatitis A	Beriglobin		Pneumococcal risk group YES/NO
Hepatitis A	Havrix		Polio
Hepatitis A children	Havrix jr		Rabies
Hepatitis A	Vaqta		Rabies
Hepatitis A children	Vaqta jr		Rabies
Hepatitis B	Engerix		Tetanus, Difteria
Hepatitis B children	Engerix jr		Tetanus, Difteria, Pertussis
Hepatitis B	HBVAXPRO		Tetanus, Difteria, Pertussis
Hepatitis B children	HBVAXPRO jr		Tetanus, Difteria, Pertussis, Polio
Hepatitis B	Fendrix		Tetanus, Difteria, Pertussis, Polio
Hepatitis A + B	Twinrix		Tuberculosis
Hepatitis A + B children	Twinrix jr		Typhoid fever
Hepatitis A + B children	Ambirix		Varicella/chicken-pox
Haemophilus influenzae	ActHib		Cholera
Influenza risk group YES/NO	Season		Prescription:
Japanese encephalitis	Ixiaro		Lab (immunity test):
Japanese encephalitis children	Ixiaro 1/2		Other: