



TRAVEL IMMUNIZATION SET UP

Date: _____

Name: _____ Phone: _____

Destination: _____

Departure Date: _____ Length of Stay: _____

Nurse Use Only

Appointment Date: _____

CDC Vaccination Recommendation: _____

Cost of Vaccines + Office Visit: _____

Vaccines to Receive: _____

Nurse Reviewed: _____ Date: _____

Vaccines Administered by: _____ Date: _____