

Personal details

| | |
|--|---------------------------------------|
| Name: | Date of birth: Male [] Female [] |
| Easiest contact telephone number: E mail: | |

Dates of trip

| | |
|---------------------------------------|--|
| Date of departure | |
| Return date or overall length of trip | |

Itinerary and purpose of visit

| Country to be visited | Length of stay | Away from medical help at destination, if so, how remote? |
|-----------------------|----------------|---|
| 1. | | |
| 2. | | |
| Future travel plans | | |
| | | |

Please tick as appropriate below to best describe your trip

| | | | | | | |
|-----------------------------|----------|--|-----------------------|--|-------------|--|
| 1. Type of trip | Business | | Pleasure | | Other | |
| 2. Holiday type | Package | | Self organised | | Backpacking | |
| | Camping | | Cruise ship | | Trekking | |
| 3. Accommodation | Hotel | | Relatives/family home | | Other | |
| 4. Travelling | Alone | | With family/friend | | In a group | |
| 5. Staying in area which is | Urban | | Rural | | Altitude | |
| 6. Planned activities | Safari | | Adventure | | Other | |

Personal medical history

Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)

List any current or repeat medications

Do you have any allergies for example to eggs, antibiotics, nuts?

Have you ever had a serious reaction to a vaccine given to you before?

Does having an injection make you feel faint?

Do you or any close family members have epilepsy?

Do you have any history or mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning pregnancy or breastfeeding?

Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?

Please write below any further information which may be relevant

Vaccination history

Have you ever had any of the following vaccinations / malaria tablets and if so when?

| | | | | | |
|-----------------|--|--------------|--|-------------|--|
| Tetanus | | Polio | | Diphtheria | |
| Typhoid | | Hepatitis A | | Hepatitis B | |
| Meningitis | | Yellow Fever | | Influenza | |
| Rabies | | Jap B Enceph | | Tick Borne | |
| Other | | | | | |
| Malaria Tablets | | | | | |

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: _____ Date: _____

FOR OFFICIAL USE

Patient Name: _____

Travel risk assessment performed Yes [] No []

Travel vaccines recommended for this trip

| Disease protection | Yes | No | Further information |
|-------------------------|-----|----|---------------------|
| Hepatitis A | | | |
| Hepatitis B | | | |
| Typhoid | | | |
| Cholera | | | |
| Tetanus | | | |
| Diphtheria | | | |
| Polio | | | |
| Meningitis ACWY | | | |
| Yellow Fever | | | |
| Rabies | | | |
| Japanese B Encephalitis | | | |
| Other | | | |

Travel advice and leaflets given as per travel protocol

| | | | | | |
|--|------------------------|-----------------------|--|-------------------------|--|
| Food water and personal hygiene advice | | Travellers' diarrhoea | | Hepatitis B and HIV | |
| Insect bite prevention | | Animal bites | | Accidents | |
| Insurance | | Air travel | | Sun and heat protection | |
| Websites | Travel record supplied | | | | |
| | Other | | | | |

Malaria prevention advice and malaria chemoprophylaxis

| | | | |
|---------------------------|--|-----------------------------------|--|
| Chloroquine and proguanil | | Atovaquone + proguanil (Malarone) | |
| Chloroquine | | Mefloquine | |
| Doxycycline | | Malaria advice leaflet given | |

Further information

e.g. weight of child

Signed by: _____ Position: _____ Date: _____