|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Details | | | | | | | | | | | | | |
| Name: Date of Birth:  Male [ ] Female [ ] | | | | | | | | | | | | | |
| Easiest contact telephone number: | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| Type of trip | | Business | | |  | Pleasure | | | |  | other | |  |
| Holiday type | | Package | | |  | Self organised | | | |  | backpacking | |  |
| Camping | | |  | Cruise ship | | | |  | Trekking | |  |
| Accommodation | | Hotel | | |  | Relatives/family home | | | |  | other | |  |
| Travelling | | Alone | | |  | With family/friend | | | |  | In a group | |  |
| Staying in area which is | | Urban | | |  | Rural | | | |  | Altitude | |  |
| 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 of mental illness including depression or anxiety? | | | | | | | | | | | | | |
| Have you recently undergone radiotherapy, chemotherapy or steroid treatment? | | | | | | | | | | | | | |
| Women Only: Are you pregnant or planning pregnancy or breast feeding? | | | | | | | | | | | | | |
| 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 Bone | | | |  | |
| 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 OFFICAL USE | | | | | | | | | |
| Patients name: | | | | | | | | | |
| Travel risk assessment performed Yes [ ] No [ ] | | | | | | | | | |
| Travel vaccines recommended for this trip | | | | | | | | | |
| Disease protection | Yes | | | | No | | | Further information | |
| Hepatitis A |  | | | |  | | |  | |
| Hepatitis B |  | | | |  | | |  | |
| Thyphoid |  | | | |  | | |  | |
| Cholera |  | | | |  | | |  | |
| Tetanus |  | | | |  | | |  | |
| Diphtheria |  | | | |  | | |  | |
| Polio |  | | | |  | | |  | |
| Meningitis ACWY |  | | | |  | | |  | |
| Yellow Fever |  | | | |  | | |  | |
| Rabies |  | | | |  | | |  | |
| Japaanese 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 card 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: .