Personal details										
Name	Date of birth									
	Male [] Female []									
Easiest contact telephone numbe E mail	ſ									
Dates of trip										
Date of departure										
Return date or overall length of trip										
Details about destination(s)										
Country <u>and</u> location to be visited		Length of stay		Away from medical help at destination, if so, how remote?						
1.										
2.										
3.										
Do you plan to travel abroad again in the future?										
Please tick as appropriate b	elow to best describe you	ur 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/frien	d	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 or latex?										
Have you ever had a serious reac	tion to a vaccine given to you	before ²	?							
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										
riease 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			Hepat	titis A				Hepatitis B				
Meningitis			Yellov	w Fever				Influenza				
Rabies	Ja		Jap B	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								Use Refer to the second				
FOR OFFICIAL USE												
Patient Name:												
Travel risk assessmer		COLUMN TO SERVICE AND ADDRESS OF THE PARTY O	and the same of	[]								
Travel vaccines re	commendec	for this	s trip									
Disease protection		Yes	No Patient declined vac			cine Vaccine name, dose &		accine name, dose & sch	nedule for PSD			
Hepatitis A												
Hepatitis B												
Typhoid												
Cholera												
Tetanus												
Diphtheria												
Polio												
Meningitis ACWY												
Yellow Fever												
Rabies	4:-		_									
Japanese B Encephali Other	tis											
Travel advice and	leaflets give	en as pe	er trave	el protocol								
	Food, water and personal Travellers' diarrh							lood and bodily fluid inf	ection			
hygiene advice Insect bite prevention			Anim:	al bites				sks e.g. Hepatitis B				
Insurance	1		Air tra					un and heat protection				
Websites				accines remin	der servir	e set ur		un and near protection				
Travel record card supplied Other					nider service ser up							
Malaria preventio		l malari	a cher	noprophyla	cis							
Chloroquine and proguanil							luone + pr	oguanil				
Chloroquine						Mefloq						
Doxycycline						Malaria advice leaflet given						
Further information	n											
e.g. weight of child												
Authorisation for I	Patient Spec	ific Dire	ction	(PSD) Uso								
Additions addition for	-attent spec	mic blie	ction	(1.30) 036								
Name:					Signa	ture.		Date:				

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