

**HOLLYWOOD MEDICAL PRACTICE – TRAVEL CONSULTATION RECORD  
CARD**

Name ..... Date of birth .....

Contact Number .....

**Travel Itinerary**

**Date of departure** ..... **Destination** ..... **Duration of stay** .....

**Accommodation** Hotel (....star) / Hostel / Family home etc.  
.....

**Type of holiday** Holiday / Business / Other details  
.....

**High risk activities**  
.....

Previous / current medical history

.....  
.....  
.....

**Allergies to any drugs or food?** .....

**Current medication** .....

.....  
.....

**Steroids:** Y / N    **Contraceptive pill:** Y / N / NA    **HIV:** Y / N    **Pregnant:** Y / N / NA    **Pregnancy planned:** Y / N

**PREVIOUS VACCINATION HISTORY**

<b>Previous reaction to any vaccines Y / N</b>			<b>Feels faint with injection Y / N</b>		
<b>VACCINE</b>	<b>YES / NO</b>	<b>APPROXIMATE DATE</b>	<b>VACCINE</b>	<b>YES / NO</b>	<b>APPROXIMATE DATE</b>
Tetanus			Hep A 1 <sup>st</sup> or Bst		
Diphtheria			Hep B 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>		
Polio			Meningitis		
Typhoid			Yellow Fever		
			Others		

<b>RECOMMENDED VACCINES</b> <i>(for completion by Practice Nurse)</i>			
<b>Tetanus/Diphtheria</b>		<b>Hepatitis B</b>	
<b>Polio</b>		<b>Meningitis</b>	
<b>Typhoid</b>		<b>Yellow Fever</b>	
<b>Hepatitis A</b>		<b>Other</b>	
<b>Malaria tablets</b>		<b>Further malaria advice</b>	
<b>Vaccinations not required</b> (please tick)		<b>Patient informed Y / N</b>	

**PATIENT CONSENT** *(this section to be completed when have seen nurse)*

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 above recommended vaccines being given today.

**PATIENT TO SIGN HERE WHEN HAVE SEEN NURSE**

Signed ..... Date .....