Personal details										
Name					Date of birth					
					Male [] Female []					
Easiest contact telephone numb E mail	er									
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			n of stay	Away from medical help at destination, if so, how remote?						
1.				Temote:						
2.										
3.										
Do you plan to travel abroad aga	oin in the future?									
Please tick as appropriate l		us tsia								
	_	ui tiip	Pleasure		Othor					
1. Type of trip	Business				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 or latex?										
Have you ever had a serious rea	ction 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?										
Place write below any further:	nformation which may be sales	vant								
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:													
	at parformed	Voc []	No. []										
Travel risk assessmer			No []										
Travel vaccines re				الممط يبمد	eio o	Vassina appea dasa Cash	andula for DCD						
Disease protection Hepatitis A		Yes	No Patient dec	illied vaco	.ine	Vaccine name, dose & sch	legale 101 b20						
Hepatitis B													
Typhoid													
Cholera													
Tetanus													
Diphtheria													
Polio													
Meningitis ACWY		-+											
Yellow Fever													
Rabies													
Japanese B Encephali	tis												
Other													
Travel advice and	looflate aive	25.06	es traval acatacal										
Food, water and pers		en as pe	Travellers' diarrhoea			Blood and bodily fluid int	faction						
hygiene advice	Ulldi		mavellers diaminoed	1		risks e.g. Hepatitis B	lection						
Insect bite prevention	n		Animal bites			Accidents							
Insurance			Air travel		Sun and heat protection								
Websites			SMS vaccines remin	der servi	er service set up								
Travel record card sup	card supplied Other												
Malaria preventio	n advice and	l malari	ia chemoprophyla	xis									
Chloroquine and proc			e enemopropri, ie		Atovaquone +	proguanil							
Chloroquine					Mefloquine Programm								
Doxycycline					Malaria advice leaflet given								
Further information													
e.g. weight of child													
Authorisation for Patient Specific Direction (PSD) Use													
Name:													
-													

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