

Name	Date of birth Male [] Female []
Easiest contact telephone number	
Email	

Dates of trip	
Date of departure	Return date or overall length of trip

Details about destinations(s)		
Country and 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 below the best to describe your trip

1. Type of trip	Business		Pleasure		Other	
2. Holiday type	Package		Self organised		Backpacking	
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)
Do you have any allergies for example to eggs, antibiotics, nuts or latex?
Have you ever had a serious reaction to a vaccine given to you before?
Does having an injection make you 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
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Vaccination History

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

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

Rabies, Japanese Encephalitis, Men ACWY and malaria tablets for holiday travel incur a charge. The Yellow Fever vaccination is currently £80 per injection. Hepatitis B is £35 per injection. Please ask the Practice Nurse for details

**PAYMENT DETAILS: We can only accept CASH or CHEQUE (we do not have card facilities)
ANY INFORMATION GIVEN IS STRICTLY CONFIDENTIAL.**

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 _____

Please telephone in 5 days to make any necessary appointment.

Travel health Websites: www.nathnac.org or NHS Direct: www.nhsdirect.nhs.uk

Fit for Travel: www.fitfortravel.scot.nhs.uk

FOR OFFICIAL USE					
Patient Name					
Travel risk assessment performed Yes [] No []					
Travel vaccines recommended for this trip					
Disease protection	Recom mend	Up to Date	Required	Required	Docu ment s Chec ked
Hepatitis A					
Hepatitis B					
Typhoid					
Cholera					
Tetanus					
Diphtheria					
Polio					
Meningitis ACWY				DISCUSS	
Yellow Fever					
Rabies					
MMR					
Japanese B Encephalitis					
Other					
Malaria prevention advice and malaria chemoprophylaxis					
Chloroquine and proguanil				Atovaquone + proguanil	
Chloroquine				Mefloquine	
Doxycycline				Malaria advice leaflet given	

Practice Nurse Completing

Name: _____ Signature: _____ Date: _____