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

Details about Destination(s)		
Country and Location to be Visited	Length of Stay	Away from Medical help at the Destination? If so how remote?
1.		
2.		
3.		

Do you plan to travel abroad again in the future?

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 to note? (including diabetes, heart or lung conditions)
List any current medications
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 feel faint?
Do you or any close family members have epilepsy?
Do you have any history of mental illness including depression and anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
WOMEN ONLY: Are you Pregnant, planning a 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

Vaccination History					
Have you ever had any of the following vaccinations/ malaria tablets and if so when?					
Tetanus		Polio		Diptheria	
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 my appointment.

I have no reason to think I might be pregnant.

I consent to receiving any vaccines that I may require before my trip abroad.

Signed: _____

Date: _____