



Name:		Date of birth:			
		Male () Female ()			
Easiest contact telephone number					
Email					
Dates of trip					
Date of departure					
Return date or overall length of trip					
Itinerary and purpose of visit					
Country to be visited		Length of stay		Away from medical help at Destination, if so, how remote?	
1.					
2.					
Please tick as appropriate below to best describe your 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/ friend		In a group
5. Staying in area which is	Urban		Rural		Altitude
6. Planned Activities	Safari		Adventure		Other

NURSES COMMENTS

DATES NOTES RECEIVED

VACCINATIONS ADVISED YES NO

	COST	YES	NO	Date given
Polio	No charge			
Diphtheria/tetanus	No charge			
Typhoid	No charge			
Hepatitis A.	No charge			
Hepatitis B	£40			
Hepatitis A and B	No charge			
Meningitis ACWY Vaccination certificate	Not available			
Rabies. Private script.	Not available			
Japanese B encephalitis Charge for private script	Not available			
Tick Bourne encephalitis Charge for private script	Not available			
Yellow Fever plus Vaccination certificate	Not available			

Anti malaria advised	Yes/No	Private script £10.50	Yes/No
Chloroquine and proguanil		Mefloquine	
Chloroquine		Malaria advice leaflet given	
Doxycycline			
Atovaquone proguanil. (malarone)			

Food, water & personal hygiene advice		Travellers diarrhoea		Hepatitis B and HIV	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air travel		Sun & heat protection	
Websites		Travel card supplied		Other	

Payment Details Nurse to complete		Payment received Reception to complete		
Amount due	What for	Date	Amount	Initials

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 you are on:

Do you have any allergies? Please specify

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 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 breast feeding?

Have you taken out recent medical 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		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jab B Enceph		Tick Borne	
Other					
Malaria Tablets					

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