PLEASE BRING THIS WTH YOU TO YOUR TRAVEL APPOINTMENT (please allow at least 6 weeks before the date of departure)

Form Reference	
Date form completed:	
Personal details	
Name:	Date of birth:
	Gender: Male ○ Female ○
Easiest contact telephone number:	Can a message be left: Yes ○ No ○
Email address:	
Dates of trip	
Date of departure (must be at least 6 weeks from todays date):	
Return date from travel:	

Itinerary and purpose of visit		
Country to be visited	Length of stay	Away from medical help at destination, if so how remote?
1.		
2.		
3.		
4.		

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 an area which is	Urban	☐	Rural	☐	Altitude	☐
6. Planned activities	Safari	☐	Adventure	☐	Other	☐

Continued on second page.

Personal medical history
Do you have any recent or past medical history that we may not be aware of:
Do you have any allergies for example to eggs, antibiotics, nuts? Yes ○ No ○ If Yes please give details:
Have you ever had a serious reaction to a vaccine given to you before? Yes ○ No ○ If Yes please give details:
Does having an injection make you feel faint? Yes ○ No ○
Do you have any history or mental illness including depression or anxiety? Yes ○ No ○ If Yes please give details:
Have you recently undergone radiotherapy, chemotherapy or steroid treatment? Yes ○ No ○ If Yes please give details:
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this? Yes ○ No ○
Please write below any further information which may be relevant:
Women only: Are you pregnant or planning pregnancy or breast feeding? Yes ○ No ○

PLEASE RETURN THIS FORM TO AXBRIDGE OR WEDMORE MEDICAL PRACTICE AS SOON AS POSSIBLE

A NURSE WILL CONTACT YOU WITHIN 5 WORKING DAYS FROM RECEIPT OF THE FORM