

Travel Form

Personal Details

Name: _____ Date of Birth _____
 Easiest contact telephone number: _____ Male [] Female []
 Email: _____

Dates of trip *

Date of Departure _____ Overall length of trip _____

Itinerary and purpose of Visit

Countries and resorts to be visited _____ Length of Stay _____

1. _____
2. _____
3. _____

Any future travel plans? _____

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

Personal Medical History

Do you have any allergies for example to eggs, antibiotics, nuts or latex?	Yes	No
Have you ever had a serious reaction to any vaccine given to you before?	Yes	No
Do you or any close family members have epilepsy?	Yes	No
Do you have any history of mental illness including depression or anxiety?	Yes	No
Are you pregnant or planning pregnancy or breastfeeding?	Yes	No

If you have answered yes to any of the questions above please write more information below. Please also write any further information which may be relevant.

Vaccination History (Only vaccinations not carried out at this surgery are required)

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		

Signed: _____ Date: _____

Please ensure you allow at least 6 weeks before you travel to obtain your injections. Any less time and you may not be able to obtain appropriate immunity.

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Patient EMIS Number:

Travel risk assessment performed Yes [] No []

Travel vaccines recommended for this trip

Disease protection	Yes	No	Discuss	Further information
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Hepatitis A

Hepatitis B

Typhoid

Cholera

Tetanus

Diphtheria

Polio

Meningitis ACWY

Yellow Fever

Rabies

Japanese B Encephalitis

Tick Borne Encephalitis

MMR

Malaria Protection

Other

Number of Appointments Recommended (10 minute appointments) TO BOOK AT RECEPTION**Travel vaccines GIVEN**

	Batch No.	Exp Date
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Hepatitis A

Hepatitis B

Typhoid

Cholera

Tetanus

Diphtheria

Polio

Meningitis ACWY

Yellow Fever

Rabies

Japanese B Encephalitis

Tick Borne Encephalitis

MMR

Other

Malaria Protection	PX Issued	YES / NO
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