



Name			Date of birth Male [] Female []				
Easiest contact telephone number E mail							
Date of departure							
Return date or overall length of trip							
Country and location to be visited		n of stay	Away from medical help at destination, if so, how remote?				
n the future?							
ow to best describe you	ır trip						
usiness		Pleasure		Other			
ackage		Self organised		Backpacking			
amping		Cruise ship		Trekking			
otel		Relatives/family l	home	Other			
lone		With family/friend		In a group			
rban		Rural		Altitude			
afari		Adventure		Other			
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							
Do you have any allergies for example to eggs, antibiotics, nuts or latex?							
n 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?							
planning pregnancy or breas	stfeedii	ng?					
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							
	ow to best describe you usiness ackage amping otel lone rban afari ical history of note? (includ is le to eggs, antibiotics, nuts it to a vaccine given to you ieel faint? have epilepsy? Iness including depression herapy, chemotherapy or st and if you have a medical	h the future? w to best describe your trip usiness ackage amping otel lone rban afari ical history of note? (including dia is ile to eggs, antibiotics, nuts or late in to a vaccine given to you before feel faint? i have epilepsy? Iness including depression or anxi herapy, chemotherapy or steroid tr ilanning pregnancy or breastfeedir and if you have a medical conditio	w to best describe your trip usiness Pleasure ackage Self organised amping Cruise ship otel Relatives/family l lone With family/frien rban Rural afari Adventure ical history of note? (including diabetes, heart or lung is It is a vaccine given to you before? ieel faint? In to a vaccine given to you before? in have epilepsy? Iness including depression or anxiety? herapy, chemotherapy or steroid treatment? Informed the ir and if you have a medical condition, informed the ir	Male [] Fema Male [] Fema Image: Male [] Fema </td <td>Male [] Female [] Amage [] Female [] Image [] Female [] Female [] Female [] Image [] Female [] Female [] Female [] Image [] Female [] Female [] Female [] Female [] Image [] Female [] Female [] Female [] Female [] Female [] I</td>	Male [] Female [] Amage [] Female [] Image [] Female [] Female [] Female [] Image [] Female [] Female [] Female [] Image [] Female [] Female [] Female [] Female [] Image [] Female [] Female [] Female [] Female [] Female [] I		

 $\ensuremath{\mathbb{C}}$ Jane Chiodini

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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 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 reco have had the opportunity to ask questions. I consent to the vaccines being given. Signed:	ccination history				
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 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 reco have had the opportunity to ask questions. I consent to the vaccines being given. Signed:	ve you ever had any of the follo	wing vaccinations/malaria tablets and if so) when?		
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Rabies Jap B Enceph Tick Borne Other	hoid	Hepatitis A	Hepatitis B		
Other Malaria Tablets 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 reco have had the opportunity to ask questions. I consent to the vaccines being given. Signed: FOR OFFICIAL USE	ningitis	Yellow Fever	Influenza		
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have had the opportunity to ask questions. I consent to the vaccines being given. Signed: Date: FOR OFFICIAL USE	liscussion when risk assessmen	it is performed within your appointment:			
FOR OFFICIAL USE				nended and	
	Date:				
Travel risk assessment performed Yes [] No []					

Patient declined vaccine

e.g. weight of child

Further information

Authorisation for Patient Specific Direction (PSD) Use

Travel advice and leaflets given as per travel protocol

Malaria prevention advice and malaria chemoprophylaxis

Travel vaccines recommended for this trip

Yes

No

Travellers' diarrhoea

SMS vaccines reminder service set up

Animal bites

Air travel

Other

Disease protection

Meningitis ACWY Yellow Fever Rabies

Other

Japanese B Encephalitis

Food, water and personal

Travel record card supplied

Chloroquine and proguanil

Insect bite prevention

hygiene advice

Insurance

Websites

Chloroquine

Doxycycline

Hepatitis A Hepatitis B Typhoid Cholera Tetanus Diphtheria Polio

Name:

Signature:__

_Date:___

Blood and bodily fluid infection

risks e.g. Hepatitis B

Sun and heat protection

Accidents

Atovaquone + proguanil

Malaria advice leaflet given

Mefloquine

Vaccine name, dose & schedule for PSD

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