

PRE-TRAVEL HEALTH & VACCINATION ASSESSMENT

Please note vaccinations need to be given 2 weeks prior to departure to ensure their efficacy. We advise you to submit your travel form at least 6 weeks prior to departure to allow adequate time. We cannot guarantee we will be able to accommodate patients submitting travel forms at short notice

SURNAME	
FORENAME	
TELEPHONE NUMBER	
DATE OF BIRTH	
M/F	

What is your departure date?			
How long will you be away?			
Which Countries do you intend to visit? (Including brief stopovers)			
Will your journey take you to the:		YES	NO
	Coast		
	Interior		
Will you be staying in?	Islands		
	Tourist Hotels		
	Relatives home		
Are you travelling with:	Local Accommodation		
	Family		
	Partner		
Are you going on:	Alone		
	Group		
	An organised package tour		
Is your holiday for:	Organising it yourself		
	Taking a backpacking holiday		
	Pleasure		
Will you be going on safari, travelling in areas with poor communication or participation in adventure sports	Business		
	For a period of voluntary service in a remote area		
	If Yes please give details		
Will you be in areas where medical help is non-existent (even for a short period)?	If Yes please give details		
Are you suffering from any minor ailments?	If Yes please give details		
Do you have any long-term medical conditions?	If Yes please give details		
Do you have a history of epilepsy?	If Yes please give details		

Have you ever experienced anxiety, depression or other psychological problems which have required treatment?		If Yes please give details			
Have you had your spleen removed?		If Yes please give details			
Have you ever had a bad reaction to a vaccine?		If Yes please give details			
Do you have any other allergies, e.g. eggs?		If Yes please give details			
Are you taking any medication including the oral contraceptive pill, or have you been on antibiotics within the last 10 days?		If Yes please give details			
Are you pregnant, breast-feeding or planning pregnancy?		If Yes please give details			
Are you HIV positive?		If Yes please give details			
Have you recently received treatment with radiotherapy, chemotherapy or steroids?		If Yes please give details			
Are any children who are travelling up to date with their childhood vaccinations?		If No please give details			
Have you previously had any vaccinations?					
Have you had any of the following vaccinations and, if so, when?	Typhoid		Meningitis		
	Tetanus		Rabies		
	Polio		Japanese Encephalitis		
	Yellow Fever		Tick-borne Encephalitis		
	Hepatitis A		Diphtheria		
	Hepatitis B				
For Surgery Use:					
Vaccines Required			Vaccines Given		
1		
2		
3		
4		
Malaria Prophylaxis: Yes No					
Product:					