



Please complete page 1 & 2 prior to your travel appointment

Personal Details:

Name:.....

Date of Birth:..... Male [] Female []

Contact Telephone number:.....

Email.....

Passport Number.....(Only required if travelling to South America or South Africa)

Itinerary and purpose of visit

Date of Departure:..... Overall length of trip.....

Country to be visited in order	Length of stay	Away from medical help at destination? If so, how remote?	Urban or Rural?
1			
2			
3			
4			
5			
6			

Please circle the descriptions that best describe your visit:

1	Type of trip	Business	Pleasure	Other
2	Holiday type	Package Camping	Self-organised Cruise Ship	Backpacking 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:

a	Do you have any recent or past medical history of note? <i>This includes diabetes, heart or lung conditions etc</i>
b	List any current or repeat medications?
c	Do you have any allergies, eg: eggs, antibiotics, nuts etc?



d	Have you ever had a serious reaction to a vaccine given to you before?
e	Does having an injection make you feel faint?
f	Do you or any close family members have epilepsy?
g	Do you have any history of mental illness, including depression or anxiety?
h	Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
i	Woman only: Are you pregnant or planning pregnancy or breast feeding?
j	Have you taken out travel insurance? If you have a medical condition have you informed your insurance company about this?
k	Please give any further information that may be relevant, including and future travel plans?

Vaccination History:

Have you ever had any of the following vaccinations/malaria tablets, and if so, when?

- | | | |
|---|---|--|
| <input type="checkbox"/> Tetanus/Diphtheria | <input type="checkbox"/> Polio | <input type="checkbox"/> MMR |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Typhoid | <input type="checkbox"/> Yellow Fever | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Japanese Encephalitis | <input type="checkbox"/> Malaria Tablets |
| <input type="checkbox"/> Rabies | <input type="checkbox"/> Other (Please specify) | |

.....
.....

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:.....



Office use only: Authorisation for Nurse to administer vaccination

Patient Name:.....

Authorising doctor:.....

Travel vaccines recommended for this trip:

Disease Protection	Recommended <i>Please tick?</i>	Further information
Hepatitis A		
Hepatitis B		
Typhoid		
Cholera		
Tetanus/Diphtheria		
Pertusis		
MMR		
Polio		
Meningitis		(Please specify)
Yellow Fever		
Rabies		
Japanese Encephalitis		

Other?.....

Travel advice and/or leaflets given:

- | | | |
|--|---|--|
| <input type="checkbox"/> Food, water and personal hygiene advice | <input type="checkbox"/> Travellers diarrhoea | <input type="checkbox"/> Hepatitis B,C and HIV |
| <input type="checkbox"/> Insect bite prevention | <input type="checkbox"/> Cruise Ship Travel | <input type="checkbox"/> Sun & Heat Protection |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Malaria | <input type="checkbox"/> Blood borne virus |
| <input type="checkbox"/> Hajj travel | <input type="checkbox"/> Rabies | <input type="checkbox"/> Accidents |
| | <input type="checkbox"/> Air Travel | <input type="checkbox"/> Altitude Sickness |
| | <input type="checkbox"/> Yellow Fever | |
| | <input type="checkbox"/> Global Traveller Checklist | |

Malaria prevention advice and malaria chemoprophylaxis:

- | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Malarone | <input type="checkbox"/> Chloroquine | <input type="checkbox"/> Mefloquine | <input type="checkbox"/> Doxycycline |
|-----------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|

Further information:
Eg: weight of child

Signed by General Practitioner:.....
Date:.....



This list is designed to cover the most common traveller's health problems including Diarrhoea, general infections, minor injuries and allergies.

- | | |
|---|---|
| <input type="checkbox"/> REHYDRATION SALTS (Enerlyte, Gastrolyte) (5) | - <i>treats dehydration</i> |
| <input type="checkbox"/> LOPERAMIDE (12) | - <i>'stopper' for mild diarrhoea</i> |
| <input type="checkbox"/> HYOSCINE (Gastro-soothe) (20) | - <i>relief for mild stomach cramps</i> |
| <input type="checkbox"/> NORFLOXACIN (Noroxin) (6) | - <i>antibiotic for bacterial diarrhoea or UTI</i> |
| <input type="checkbox"/> PROCHLORPERAZINE (Stemetil, Antinaus) (10) | - <i>anti nausea</i> |
| <input type="checkbox"/> DOCUSATE (Coloxyl) (10) | - <i>for constipation</i> |
| <input type="checkbox"/> ANTACID (Quick-eze, Tums) (12) | - <i>for indigestion</i> |
| <input type="checkbox"/> ORNIDAZOLE (3) | - <i>antibiotic for giardia</i> |
| <input type="checkbox"/> PARACETAMOL (Panadol) (10) | - <i>mild pain relief</i> |
| <input type="checkbox"/> THROAT LOZENGE (Strepsils, Cepacol) (6) | - <i>for irritated/sore throat</i> |
| <input type="checkbox"/> LORATADINE (Loraclear) (10) | - <i>treats allergic reactions</i> |
| <input type="checkbox"/> ROXITHROMYCIN (5) | - <i>general antibiotic (Chest or skin infection)</i> |
| <input type="checkbox"/> NEEDLE & SYRINGE (2) | - <i>to use if you end up in a dodgy medical facility</i> |
| <input type="checkbox"/> CONDOMS (2) | - <i>to remind you about 'safe sex'</i> |

FIRST AID ITEMS INCLUDE:

- POVIDONE-IODINE (Betadine) (15ml)
- BANDAIDS (15)
- WATERPROOF DRESSING (Opsite, Hydrofilm) (2)
- NON-STICK DRESSING (Interpose) (2)
- WOUND CLOSURE STRIPS (Steristrips, omnistrips) (1 Pack)
- GAUZE (3)
- PAPER TAPE (Micropore) (1)
- CREPE BANDAGE (1)
- SAFETY PINS (5)
- GLOVES (1pair)
- PRESS SEAL BAG (2)
- MEDICATION & FIRST AID GUIDE

OPTIONAL EXTRAS:

- | | |
|--|--|
| <input type="checkbox"/> ACETAZOLAMIDE (Diamox) (7) | - <i>Altitude sickness</i> |
| <input type="checkbox"/> FLUCONAZOLE (1) | - <i>Oral treatment for thrush</i> |
| <input type="checkbox"/> FRAMYCETIN (Soframycin) | - <i>Antibiotic drops for ears or eyes</i> |
| <input type="checkbox"/> FUSIDIC ACID (Foban) | - <i>Antibiotic cream</i> |
| <input type="checkbox"/> TEMAZEPAM (Normison)/ZOPICLONE (Imovane) (10) | - <i>Sleeping tablets</i> |
| <input type="checkbox"/> AMOXICILLIN/CLAVULANIC ACID (Curam) | - <i>Penicillin based antibiotic</i> |
| <input type="checkbox"/> AZITHROMYCIN (3) | - <i>Bacterial diarrhoea, chest/skin infection</i> |
| <input type="checkbox"/> EMERGENCY CONTRACEPTIVE | |
| <input type="checkbox"/> MEDICATION AUTHORISATION NOTE (for Customs) | |

Comments and advice: