Pre Travel Assessment Form

This information is for the use of your doctor and nurse

Name ..... birth date ...../...../.....

Address.....

Telephone (day time)..... Mobile.....

Email .....@.....

TRAVEL PLANS Departing...../...../..... Returning...../...../.....

Country and region or city	Duration of stay	Accommodation type (e.g. hotel, tent, backpacking)	Tick✓ if stay is only within city or resort

Please list countries you have visited previously: .....
...
...

Is your general health good?	Yes ❑	No ❑
Please list any significant health problems currently or in the past:		
Have you had any of the following conditions?:		
.....Jaundice or hepatitis	Yes ❑	No ❑
.....Sinus, ear or hearing problems	Yes ❑	No ❑
.....Deep vein thrombosis or blood clots	Yes ❑	No ❑
.....A condition which lowers immunity (e.g. cancer, HIV/AIDS, high dose steroids, splenectomy)	Yes ❑	No ❑
Have you ever fainted or felt unwell soon after an injection ?	Yes ❑	No ❑
Are you allergic to eggs, medications, immunisations or other substances? *If yes, please list any allergies:*	Yes ❑	No ❑
Does someone with lowered immunity live at home with you?	Yes ❑	No ❑
For females only: Will you or could you be pregnant while away?	Yes ❑	No ❑

Will any children be travelling with you? If so, please complete:

Name	Age just prior to travel	Any illnesses	Any allergies

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Name .....

BEFORE YOU SEE THE DOCTOR, PLEASE COMPLETE THE FOLLOWING TABLE WITH THE **VACCINES** YOU HAVE RECEIVED. You may need to check on previous medical or immunisation records.

IF YOU HAVE HAD ANY OF THE **ACTUAL INFECTIONS** PLEASE **CIRCLE** THE CONDITION.

VACCINE	YEAR	VACCINE	YEAR
Tetanus/Diphtheria **OR** Tetanus/Diphtheria/Pertussis (whooping cough)		Typhoid	
Measles/Mumps/Rubella		Hepatitis A	
Hepatitis B		Japanese encephalitis	
Varicella (Chickenpox)		Yellow Fever	
Polio (may have been combined with Tetanus/Diphtheria/Pertussis)		Rabies	
Influenza vaccine		Meningococcal ACWY*	
Pneumovax		Cholera	
Meningococcal C*			

* The meningitis vaccine provided at school or early childhood is Meningococcal C. The meningococcal ACWY is primarily required for areas of Africa.

What to expect at your pre-travel consultation

The purpose of this consultation is to make your trip as safe and enjoyable as possible. We recommend you also obtain travel health insurance. Suggestions and requirements for travel are usually not absolute and vary according to the nature and duration of your travel, access to health facilities, the time of year, recent travel health alerts, your age (especially in the case of children), previous immunisations and general health. Some advice is very strongly recommended and other advice depends on your individual circumstances and preferences.

We will give you advice and recommendations and administer vaccines and medications tailored to your trip. Most of these are kept in stock but some vaccines (e.g. rabies and Japanese encephalitis) may need to be ordered in. Make your appointment at least 6 weeks and preferably 8+ weeks before you travel to allow enough time to complete the initial courses. However, it is never too late as some protection is better than none.

IF YOU REQUIRE AN ESTIMATE OF VACCINE COSTS, PLEASE ASK OUR RECEPTIONIST.

Notes: