Please complete and return to the surgery. Please note that it is your responsibility to telephone the surgery to book your travel appointment

PERSONAL DET	TAILS									
Name	Date of birth	Date of birth								
			Male [ ]							
Easiest contact tele	ephone no:									
Email										
DATE OF TRIP										
Date of departure										
Return date or overall length of trip										
ITINERARY AND PURPOSE OF VISIT										
Country to be visited		Length	of stay	Away from medical help at						
, and the second				destination?						
				If so, how remote?						
1.										
2.										
Future travel plans	<b>I</b>									
			st describe your tr	ip	T					
Type of trip	Business		Pleasure		Other					
Holiday type	Package		Self organized	[ ]	Backpacking	[ ]				
	Camping		Cruise ship	[ ]	Trekking	[ ]				
Accommodation	Hotel		Relatives/		Other	[ ]				
			family home	[ ]						
Travelling	Alone		With family/friend	[]	In group [ ]					
Staying in area	Urban	[ ]	Rural	[ ]	Altitude	[ ]				
which is	~									
Planned	Safari	[ ]	Adventure	[ ]	Other					
activities										
PERSONAL ME			1:							
Do you have any r										
(including diabetes										
List any current or repeat medications										
Do you have any allergies eg. to eggs, antibiotics or nuts?										
Have you ever had a serious reaction to a vaccine given to you before?										
Does having an injection make you feel faint?										
Do you or any of your close family members have epilepsy?  Do you have any history of mental illness including depression or										
anxiety?										
Have you recently undergone radiotherapy, chemotherapy or steroid										
treatment?	u									
Women only: Are you pregnant, planning pregnancy or breast feeding?										
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.										

Tick borne Enceph  Other  Malaria tablets  For discussion when risk assessment is performed within your appointment:  I have no reason to think that I may be pregnant. 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	VACCINATION	N HIST	ORY								
Typhoid Hepatitis A Hepatitis B Meningitis Yellow Fever Influenza rabies Jap B Enceph Tick borne Enceph  Other  Malaria tablets For discussion when risk assessment is performed within your appointment: I have no reason to think that I may be pregnant. 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	Have you ever ha	d any o	of the	follow	ing va	ccinati	ions/malaria	ı tabl	lets and if so when?		
Meningitis   Yellow Fever   Influenza   Tick borne   Enceph	Tetanus			Po							
Tables   Jap B Enceph   Tick borne Enceph    Other   Malaria tablets   Malaria tablets   Sort discussion when risk assessment is performed within your appointment:   I have no reason to think that I may be pregnant. 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   Mataria tablets    For official use   Patient name   Travel   Trave	Typhoid			He	patitis	A			*		
Other  Malaria tablets  For discussion when risk assessment is performed within your appointment:  I have no reason to think that I may be pregnant, 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	Meningitis			Ye	llow F	ever					
Other  Malaria tablets For discussion when risk assessment is performed within your appointment: I have no reason to think that I may be pregnant. 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	rabies								Tick borne		
Malaria tablets For discussion when risk assessment is performed within your appointment: I have no reason to think that I may be pregnant. 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				_		•			Enceph		
For discussion when risk assessment is performed within your appointment: I have no reason to think that I may be pregnant. 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	Other										
I have no reason to think that I may be pregnant. 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	Malaria tablets										
the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.  Signed											
For official use Patient name Travel risk assessment performed yes [] no [] TRAVEL VACCINES RECOMMENDED FOR THIS TRIP Disease protection Yes No Further information Hepatitis A Hepatitis B Typhoid Cholera Tetanus Diphtheria Polio Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL Food water and personal hygiene advice Insect bite prevention Animal bites accidents insurance Websites  Travel record card supplied  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL  Malanta Spent Travel Sun and heat protection  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL											
For official use Patient name Travel risk assessment performed yes [ ] no [ ] TRAVEL VACCINES RECOMMENDED FOR THIS TRIP Disease protection Yes No Further information Hepatitis A Hepatitis B Hepatiti		mended	l and h	ave ha	d the op	portun	ity to ask qu	estio	ns. I consent to the vaccines b	eing	
Patient name Travel risk assessment performed yes [ ] no [ ] TRAVEL VACCINES RECOMMENDED FOR THIS TRIP Disease protection Yes No Further information Hepatitis A	given.								data		
Patient name Travel risk assessment performed yes [ ] no [ ]  TRAVEL VACCINES RECOMMENDED FOR THIS TRIP Disease protection Yes No Further information Hepatitis A Hepatitis B Typhoid Cholera Tetanus Diphtheria Polio Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other  TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL Food water and personal hygiene advice Insect bite prevention Animal bites accidents insurance Air travel Sun and heat protection Websites  Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Signed		• • • • • • •	• • • • • • •		• • • • • • • •			.date		
Patient name Travel risk assessment performed yes [ ] no [ ]  TRAVEL VACCINES RECOMMENDED FOR THIS TRIP Disease protection Yes No Further information Hepatitis A Hepatitis B Typhoid Cholera Tetanus Diphtheria Polio Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other  TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL Food water and personal hygiene advice Insect bite prevention Animal bites accidents insurance Air travel Sun and heat protection Websites  Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	For official use	<u> </u>									
TRAVEL VACCINES RECOMMENDED FOR THIS TRIP  Disease protection Yes No Further information  Hepatitis A  Hepatitis B  Typhoid Cholera  Tetanus Diphtheria Polio Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other  TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL  Food water and personal hygiene advice Insect bite prevention Animal bites insurance Air travel Sun and heat protection  Websites Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Patient name										
Disease protection Yes No Further information  Hepatitis A Hepatitis B Typhoid Cholera Tetanus Diphtheria Polio Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL  Food water and personal hygiene advice Insect bite prevention Insurance Air travel Websites  Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Travel risk assess	ment p	erforr	ned		yes [	] no	[ ]			
Hepatitis A Hepatitis B Typhoid Cholera Tetanus Diphtheria Polio Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL Food water and personal hygiene advice Insect bite prevention Insurance Air travel Websites  Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL  Travel record card supplied	TRAVEL VACO	CINES	REC	OMM	ENDI	ED FO	R THIS T	RIP			
Hepatitis B Typhoid Cholera Tetanus Diphtheria Polio Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL Food water and personal hygiene advice Insect bite prevention Insurance Air travel Websites Travel record card supplied Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL  Travel record card supplied Other	Disease protection	n	Yes		No		Further	infor	mation		
Typhoid Cholera Tetanus Diphtheria Polio Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other  TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL Food water and personal hygiene advice Insect bite prevention Insurance Air travel Websites  Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Hepatitis A										
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Tetanus Diphtheria Polio Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL Food water and personal hygiene advice Insect bite prevention insurance Air travel Websites Travel record card supplied Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Typhoid										
Diphtheria Polio Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL Food water and personal hygiene advice Insect bite prevention Insurance Air travel Websites Travel record card supplied Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Cholera										
Polio  Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other  TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL  Food water and personal hygiene advice Insect bite prevention Insurance Air travel Websites  Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Tetanus										
Meningitis ACWY Yellow Fever Rabies Japanese B Enceph Other  TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL Food water and personal hygiene advice Insect bite prevention Insurance Air travel Websites  Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Diphtheria										
Yellow Fever Rabies Japanese B Enceph Other  TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL Food water and personal hygiene advice Insect bite prevention Insurance Air travel Websites  Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Polio										
Rabies Japanese B Enceph Other  TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL Food water and personal hygiene advice Insect bite prevention Insurance Air travel Websites  Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Meningitis ACW	Y									
Japanese B Enceph Other  TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL  Food water and personal hygiene advice Insect bite prevention Insurance Air travel Websites  Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL											
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TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL  Food water and personal hygiene advice  Insect bite prevention Insurance  Air travel  Websites  Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Japanese B Encep	oh									
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Insect bite prevention Animal bites accidents insurance Air travel Sun and heat protection  Websites Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL		rsonal		Tr	Travellers diarrhoea				Hepatitis B and HIV		
insurance Air travel Sun and heat protection  Websites Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL			Ar	Animal bites				accidents			
Websites Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	insurance		_								
Websites Travel record card supplied  Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL											
Other  MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	Websites				Travel rec		cord	L			
MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL	vv cosites						11440110	coru	cara supplica		
MALARIA PREVENTION ADVICE GIVEN AS PER TRAVEL PROTOCOL							Other				
	MALARIA PRE	EVENT	TION	ADVI	CE G	IVEN	AS PER T	RAV	EL PROTOCOL		
	Chloroquine and proguanil					Atovaquone + proguanil (malarone)					
	Chloroquine										
	doxycycline					Malaria advice leaflet given					
FURTHER INFORMATION: e.g. weight of child		ORMA	TIOI	V: e.o	. weig	ht of c		<b></b>	<u> </u>	1	

position

date

Signed by: