

**Personal details**

Name	Date of birth Male [ ] Female [ ]
Easiest contact telephone number	
E mail	

**Dates of trip**

Date of departure	
Return date or overall length of trip	

**Itinerary and purpose of visit**

Countries to be visited	Length of stay	Away from medical help at destination, if so, how remote?
1.		
2.		
3.		

Any future travel plans?

**Please tick as appropriate below to best describe your trip**

1. Type of trip	Business		Pleasure		Other	
2. Holiday type	Package		Self organised		Backpacking	
	Camping		Cruise ship		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**

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?

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 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?

**Women only:** Are you pregnant or planning pregnancy or breastfeeding?

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

I have no reason to think I might 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: \_\_\_\_\_ Date: \_\_\_\_\_