

Name:	D.O.B:	Age:
Address:		
Easiest Contact Telephone Nos:		
Can a message be left? Yes / No		
Date of Departure:		
Return Date or Overall length of trip:		
Country and Location to be visited:	Length of stay	Away from Medical Help at destination-if so how remote?
1.		
2.		
3.		

What will be your mode of travelling?

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		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, lung or kidney conditions)

Are you taking Warfarin/ Methotrexate/ Tetracyclines or any OTC medicines?

Do you have any allergies for example 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 of 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:

Please bring any previous vaccination record cards with you	Signed:	Date:
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STOWHEALTH TRAVEL NURSES TO COMPLETE THIS SECTION:

Travel vaccines recommended for this trip:

Disease Protection	Recommended	Patient Declined	Dates of vaccines previously given
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
MMR			
Other:			

Travel advice and leaflets given as per travel protocol:

Stowhealth travel advice leaflet		Travel record card supplied		Other	
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Malaria prevention advice and malaria chemoprophylaxis

Chloroquine and proguanil		Atovaquone and proguanil	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	

Further Information

Nurses signature following completion of travel consultation and risk assessment:

Name:	Signature:	Date:
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