

Pre-Travel Health & Vaccination Assessment Sheet

This form must be completed and returned to the practice before an appointment can be booked. If you are emailing the form to the surgery, please allow 4 working days for it to be attached to your records before you can book an appointment.

Please be aware that the travel clinics are booked quite a few weeks ahead and your first appointment needs to be at least 6 weeks before your travel date.

Name: _____ Surname: _____ DOB: _____

M F Date of travel: _____ Date of return: _____

Which countries do you intend to visit: _____

Will you be staying in: Hotel Relatives Local Accommodation

Are you traveling with: Family Partner Alone Group

Are you going on: Package Tour Organised Yourself

Backpacking Safari Adventure Sports

Voluntary service in remote area. Give details: _____

Do you have any medical conditions? Yes No If yes give details: _____

Do you have history of epilepsy? Yes No If yes give details: _____

Have you ever experienced anxiety, depression or other psychological issues which required treatment?

Yes No If yes give details: _____

Have you had your spleen removed? Yes No If yes give details: _____

Allergies – Give details: _____

List current medication: _____

Are you pregnant, breast feeding or planning pregnancy? Yes No

Are you HIV positive? Yes No

Are you or have you recently received treatment with radiotherapy, chemotherapy or steroids? Yes No

Have you previously had any vaccinations? Yes No (List which ones & when)

Vaccine Required: _____

Vaccine Given: _____