

Please complete this form, return it to Reception and make an appointment to see the Practice Nurse one week ahead.

Immunisations should be commenced at least 8 weeks before travel to give maximum protection. If your departure date is within 6 weeks please make your appointment as soon as possible.

Risks of different diseases vary in different parts of a country so please be as specific as possible when you complete the form

Personal Details				
Name:				
Date of Birth:		Male [] Female []		
Address:				
Easiest Contact Telephone Number:				
Dates of Trip				
Date of Departure:				
Return Date or overall length of trip:				
Itinerary and purpose of visit:			(see websites listed overleaf)	
<i>Country and area to be visited</i>		<i>Length of stay</i>	<i>Away from medical help at destination? If so, how remote?</i>	
1				
2				
3				
4				
5				
6				
Please circle the descriptions that best describe your trip				
1	Type of trip	Business	Pleasure	Other
2	Holiday type	Package Camping	Self-organised Cruise ship	Back packing Trekking
3	Accommodation	Hotel Camping	Relatives/family home Cruise ship	Self carering 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

PTO

Person Medical History					
Do you have any recent or past medical history of note? <i>This includes diabetes, heart or lung conditions, thymus disorder, no spleen / dysfunctional spleen</i>					
List any or current or repeat medications – including the contraceptive pill.					
Do you have any allergies? <i>i.e. to eggs,, antibiotics, nuts</i>					
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?					
Are you currently taking steroids? <i>e.g. Prednisolone</i>					
Women only: Are you pregnant, planning pregnancy or breast-feeding?					
Please write below any further information that may be relevant.					
Vaccination History					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria Tablets					

For discussion when risk assessment is performed at the time of your appointment

I have no reason to think I might be pregnant. I have received information on the effectiveness; risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

I confirm that the information provided is correct to the best of my knowledge and wish my travel form to be processed.

I agree to any charges that may be payable.

Signed: Date:

Websites: <http://www.fitfortravel.scot.nhs.uk/>
<http://www.travel-rants.com/2006/02/10/247/>