

## TRAVEL FORM

**Please collect this form prior to your travel appointment and return to reception. Reply will be ready for collection in 7 working days.**

### PERSONAL DETAILS:

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

### DATES OF TRIP:

Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

### ITINERARY:

Country to be visited (specify area And region)	Length of stay	Away from medical help at destination. If so, how remote?
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

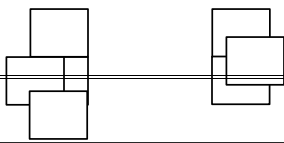
### Please circle the descriptions that best describe your trip:

<b>1. Type of trip:</b>	Business	Pleasure	Visiting family/friends
<b>2. Holiday type:</b>	Package	Self-organised	Back packing
	Camping	Cruise Ship	Trekking
<b>3. Accommodation:</b>	Hotel	Relatives/Family home	Other (please specify)
<b>4. Travelling:</b>	Alone	With family/friends	In a group
<b>5. Staying in area which is:</b>	Urban	Rural	Altitude
<b>6. Planned activities:</b>	Safari	Adventure	Other (please specify)

### PERSONAL MEDICAL HISTORY

Do you have any recent or past medical history of note? (inc Diabetes, Heart or Lung conditions, Thymus Disorder, Lupus, Psoriasis, Warfarin, Cancer, HIV)

List any current repeat medications:



Do you have any allergies (for example to eggs, Antibiotics, nuts):

Have you ever had a serious reaction to a vaccine before? If so please state which one:

Do you or any close family members have Epilepsy?

Do you have any history of mental illness inc Depression or Anxiety?

Have you recently undergone Radiotherapy, Chemotherapy or Steroid treatment?

**WOMEN ONLY:** Are you pregnant, planning pregnancy or Breast feeding?

Please indicate dates of previous vaccines IF KNOWN. **Vaccine courses must be completed at least 2 weeks before travel.**

Patient to complete (if unknown leave blank)		Nurse to complete	
Disease protection	Date of Previous vaccine	Vaccines recommended	Further information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			Collect prescription prior to appt from surgery and obtain your vaccine from chemist on <b>same day just before appt.</b>
Rabies (3 injections over 1 month)			
Yellow Fever			Please contact Woodlands Surgery on 0844 477 8664
Japanese B Encephalitis 3 Injections			Please contact Clinic on 0118 957511 Masta Travel Clinic, Reading
Other			

**FOR NURSE TO COMPLETE**

**MALARIA PREVENTION ADVICE AND MALARIA CHEMOPROPHYLAXIS**

Chloroquine and Proguanil	Chloroquine		<b>Buy from Chemist</b>
Atovaquone and Proguanil ( Malarone)	Mefloquine	Doxycycline	<b>Prescription Required</b>

Malaria advice leaflet given

Not Required

Further information:

Signed:

Date:

Updated Jul 08