Personal details		
Name:	Date of Birth:	
	Male [ ]	Female [ ]
Easiest contact telephone number:		
Email:		

Dates of Trip	
Date of departure:	
Return date or overall length of trip:	

Details about destination(s)		
Country **including** location to be visited	Length of stay	Away from medical help at destination, if so, how remote?
1.		
2.		
3.		
Do you plan to travel abroad again in the future?		

Please tick as appropriate below to best describe your trip					
Business		Pleasure		Other	
Please tick as appropriate below to best describe your holiday type:					
Hotel-based		Self-catering		Cruise	
Camping		Backpacking		Trekking	

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 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:

Vaccination history

Have you ever had any vaccinations/malaria tablets and, if so, when:

FOR OFFICIAL USE

Patient Name:

Travel risk assessment performed: Yes [ ] No [ ]

Travel vaccines recommended for this trip

Disease protection	Yes	No	Patient declined vaccine	Vaccine name, dose & schedule for PSD
Hepatitis A				
Hepatitis B				
Typhoid				
Diptheria, Tetanus, Polio				
Yellow Fever				
Rabies				
Other				

Travel advice and leaflets given as per travel protocol	

Malaria prevention advice and malaria chemoprophylaxis

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

Further information

e.g. weight of child

Authorisation for Patient Specific Direction Use / Assessment carried out by:

Name:		Signature:	
Date:			