

Personal details			Date today:		
Name			Date of Birth:		
Address			Male []		Female []
Mobile Phone Number					
Email					
GP Details					
Dates of Trip					
Date of departure					
Return date or overall length					
Itinerary and purpose of visit					
Country to be visited		Length of stay		Remote? Trek? Medical access? Altitude?	
1.					
2.					
3.					
4.					
5.					
Personal medical history					
Tick which of the following applies to you			Yes	No	Details (reconfirm at each appointment)
Are you feeling well today? Do you have a fever?					
Have you had any immunizations in the past 3 weeks?					
Do you have any recent or past medical history of note?					
Do you take any current or repeat medicines?					
Do you have any allergies to eggs, latex, nuts or antibiotics?					
Have you had a serious reaction to a vaccine before?					
Does having an injection make you feel faint?					
Do you or any of your family suffer from epilepsy?					
Recently undergone radiotherapy, chemotherapy, steroids?					
Do you have a medical history of the following: anxiety, depression, heart, lung, spleen, joint, liver, kidney, immunity, blood conditions, disorders, diabetes, HIV/AIDS					
Please write below any further information which 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		

Women only	Yes	No	Details (reconfirm at each appointment)
Are you pregnant? Or planning a pregnancy?			
Are you breast feeding?			

FOR OFFICIAL USE

Vaccine	Date	Batch No. + Expiry	Date	Batch No. + Expiry	Date	Batch No. + Expiry	Price
Dip / Tet / Polio							
Typhoid							
Combined Hep A + Typhoid							
Combined Hep A + Hep B 1 st 2 nd 3 rd							
Hep A 1 st 2 nd Booster							
Hep B 1 st 2 nd 3 rd							
Meningitis ACWY							
Rabies 1 st 2 nd 3 rd							
Other							

Malaria Oral Medicine	Date	Quantity	Details	Price
Malarone (atovaquone + proguanil)			Daily. One to two days before, one week after.	
Lariam(mefloquine)			Weekly. 2.5 weeks before, 4 weeks after.	
Doxycycline			Daily. One to two days before, four weeks after	
Paludrine (chloroquine + proguanil)				
Chloroquine				

Total Price.....

Additional travel advice				
Water and personal hygiene		Travellers' diarrhoea		Hepatitis B and HIV
Insect bite prevention		Animal bites		Accidents
Insurance		Air Travel		Sun and heat protection

Patient consent

I have received information on the risks and benefits of the vaccines recommended and fully understand them. I have also had the opportunity to ask questions. I have no reason to suspect that I may be pregnant. I consent to the vaccines being given at each appointment.

Patient signature...../...../.....Date.....

Pharmacist signature..... Date.....

ADVISED TO WAIT 15 MINUTES POST-VACCINE