

Pre - travel assessment form



Surname

First name

Date of birth / /

Occupation

I heard about **THE TRAVEL CLINIC** from: Google / friend / Travel agent / GP / other

Please inform my usual GP about vaccinations given here: (insert name and GP and clinic here):

GP (name and address)

My date of departure is / /

My date of return is / /

Country (in order of visit)	Duration (weeks)	Accommodation (hotels/camping/backpacking)	Cities only

Please list countries you have visited previously:

Is your general health good? Yes No

Have you ever fainted or felt unwell soon after an injection? Yes No

Ladies, could you be pregnant while away? Yes No

Does someone with lowered immunity live at home with you? Yes No

Will children be travelling with you?..... Yes No

Are you allergic to eggs, medications or other substances? Yes No

Please list these allergies:

Please list ALL medications you are currently taking:

Please list past significant medical / health problems you have had. Especially be mindful of previous jaundice, hepatitis, deep vein thrombosis (DVT) or blood clots, ear or hearing problems, or any disease or treatments which lower immunity (e.g. cancer, HIV/AIDS, thymus disorder).

*** In order to avoid unnecessary vaccinations and extra costs, please complete the following table before your appointment.** Please put the approximate year you had any of the following vaccines or diseases, including measles, mumps, rubella, chicken pox as well as the date of your last tetanus vaccine.

Vaccine given	Year	Vaccine given	Year	Vaccine given	Year
Tetanus / Diphtheria / Whooping cough (pertussis)		Typhoid		Mantoux / BCG	
Polio		Cholera		Meningococcal	
Seasonal flu vaccine		Hepatitis B		Japanese Encephalitis	
Pneumovax		Hepatitis A		Q fever	
Measles / Mumps / Rubella		Gardasil (cervical cancer)		Rabies	
Varicella (chicken pox)				Yellow fever	

Would you like information on medical kits for travellers to prevent illness? Yes No

Vaccinations, medications and kits

VACCINE	1st consult Date:	2nd consult Date:	3rd consult Date:
Diphtheria, tetanus & pertussis +/- polio (Boostrix® / Adacel® / Boostrix IPV® / Adacel IPV®)			
Polio (Ipol®)			
Hib			
Varicella (Varilrix® / Varivax®)			
MMR (Priorix®)			
Cholera (Dukoral®)			
Flu vaccine 2018 (Fluquadri® / Fluquadri Jnr® / Fluarix Tetra® / Afluria Quad® / Fluad® / Fluzone®)			
HPV (Gardasil 9®)			
Hepatitis A (Avaxim® / VAQTA® / VAQTA Paed® / Havrix® / Havrix Jnr® / Vivaxim®)			
Hepatitis B (HBVax® / Engerix®)			
Hepatitis A & B (Twinrix®)			
Jap encephalitis (Jespect®)			
Meningitis A, C, W & Y (Nimenrix® / Menveo® / Menactra®)			
Pneumococcus (Pneumovax 23®)			
Q Fever (Q-vax® / skin test)			
Rabies IM / ID (Merieux® / Rabipur®)			
Typhoid (Typhim Vi® / Typherix® / Vivotif® Oral 3 / 4 / Vivaxim®)			
Yellow fever (Stamaril®)			
2. Malaria tablets (Malarone® / Malarone Jnr® / Promozio® / Lariam® / doxycycline)			
3. Kits / other meds			
Gastrokit			
Tinidazole (Simplotan®)			
Antibiotic (Trimethoprim / Cephalexin tabs / Cephalexin suspension / Amoxicillin & clavulanate)			
Antiemetic (prochlorperazine / ondansetron)			
Prednisone solution			
Dr's signature			