

Departure Date	20/07/22
Duration	20
Vaccines	fgf
Optional Vaccines	fdgdf
Region of Travel	Test
Countries/Duration	2
What is your biological sex?	Male
Are you pregnant or do you intend to become pregnant during your trip or within 3 months afterwards?	No
Are you breast-feeding or will you be during your trip?	No
Type of Trip	fdgdfg
Accommodation	gdfg
Location Type	dfsgdf
Activity Type	ererewrer
Have you recently suffered from any infection (such as a heavy cold, flu or high temperature)?	No
Do you have any allergies for example to eggs, antibiotics, nuts?	No
Have you ever had a serious reaction to a vaccine given to you before?	No
Does having an injection cause you to feel faint?	No
Do you or any close family members have epilepsy?	No
Do you have any history of mental illness including depression or anxiety?	No
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?	No
Have you taken out travel insurance?	No
If you have a medical condition, have you told your insurance company about it?	No
Have you ever had any vaccinations?	No

Tetanus?	No
Diphtheria	No
Hepatitis A	No
Meningitis	No
Influenza	No
Japanese B Encephalitis	No
Polio	No
Typhoid	No
Hepatitis B	No
Yellow Fever	No
Rabies	No
Tick Borne Encephalitis	No
Other	twrtr
Are you requesting Malaria prevention tablets for your trip?	No
Your Name	Test Test
Your Email	test@gmail.com
Phone	999999999999
Location	Test