

Your Name	Anish r
Your Email	anish.hexad@gmail.com
Departure Date	11/03/22
Duration	4
Vaccines	fgf
Optional Vaccines	fdgdf
Region of Travel	Tamil Nadu
Countries/Duration	fgdfg
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?	Yes
Type of Trip	fdgdfg
Accommodation	gdfg
Location Type	dfsgdf
Activity Type	fdgsdfgd
Have you recently suffered from any infection (such as a heavy cold, flu or high temperature)?	Yes
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?	Yes
Does having an injection cause you to feel faint?	No
Do you or any close family members have epilepsy?	Yes
Do you have any history of mental illness including depression or anxiety?	No
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?	Yes
Have you taken out travel insurance?	No
If you have a medical condition, have you told your insurance company	Yes

about it?	
Have you ever had any vaccinations?	Yes
Tetanus?	Yes
Diphtheria	Yes
Hepatitis A	Yes
Meningitis	Yes
Influenza	Yes
Japanese B Encephalitis	Yes
Polio	Yes
Typhoid	Yes
Hepatitis B	Yes
Yellow Fever	Yes
Rabies	Yes
Tick Borne Encephalitis	Yes
Other	dfgsdfgdf
Are you requesting Malaria prevention tablets for your trip?	Yes
Please indicate your consent to receiving a phone call from the GP following your consultation.	dfgsdfgdf