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| --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | **Surname** |  | **First name** |  | **Title** |  |
| **Address** |  | | | | |
| **Postcode** |  | **Email Address** |  | | |
| **DOB** |  | **Age** |  | | |
| **Home Tel** |  | **Mobile Tel:** |  | | |
| **Occupation** |  | **GP Name & Address** |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Travel plan** | **Countries to be visited** | **Date of departure** | **Date of return** | **Business** | **Hotel** | **Cruise** | **Altitude** | **Family & Relatives** | **Tent** | **Backpack** |
|  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- |
| **Your Health** | **Please tell us of any medical conditions which have affected you** | **Please list any prescribed medication which you are taking** |
|  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Previous vaccinations** | **Have you ever had any of the following vaccinations or malaria tablets. If so, when?** | | | | | | | | |
| **Tetanus** |  | **Polio** | |  | | **Diphtheria** | |  |
| **Typhoid** |  | **Hepatitis A** | |  | | **Hepatitis B** | |  |
| **Meningitis** |  | **Yellow fever** | |  | | **Influenza** | |  |
| **Rabies** |  | **Jap B Enceph** | |  | | **Tick borne virus** | |  |
| **Others** |  | | | | | | | |
|  |  | |  | |  | |  |  |
| **Malaria Tablets** |  | | | | | | | |

**Consideration of Potential Issues**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Issue** | | **Plan** |  | **Issue** | | **Plan** |
| **Medication review** | **** |  |  | **Patient or family have epilepsy or mental illness** | **** |  |
| **Allergy to egg or latex** | **** |  |  | **Recent DXR, chemo or**  **steroids** | **** |  |
| **Previous vaccine reaction** | **** |  |  | **Pregnant, planning or lactating** | **** |  |
| **Other** | **** |  |  |  | **** |  |

**Travax consulted [\_] Recommendations made:**

|  |  |
| --- | --- |
| **Vaccines:** |  |
| **Malaria:** |  |
| **Other issues:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** | | **B** | | **C** | |
| **General issues** | | **Illnesses and vaccines** | | **Information resources** | |
| **Food and water** |  | **Malaria** |  | **Travel leaflets** |  |
| **Sun safety** |  | **Hepatitis A** |  | **DVT** |  |
| **Repellents** |  | **Hepatitis B** |  | **Insurance** |  |
| **Sexual health** |  | **Japanese Encephalitis** |  |  |  |
| **Insurance** |  | **Polio / Tet / Diphtheria** |  |  |  |
| **Unlicensed drugs** |  | **Tick borne encephalitis** |  |  |  |
|  |  | **Rabies** |  |  |  |

**Record of treatment provided**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Vaccine** | **Brand** | **Batch** | **Expiry** | **Route** | **Deltoid**  **L/R** | **Signed** |
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| **Personal vaccination record completed and provided** | | | | | | | |  |

**Note any follow up plans:**