

Assessment of your travel needs

Please provide the information requested. This will enable us to tailor advice to fit your travel plans and your medical history

The
Health
Station

Personal Information

Surname		First name		Title	
Address					
Postcode		Email Address			
DOB		Age			
Home Tel		Mobile Tel:			
Occupation		GP Name & Address			

Travel plan

Countries to be visited	Date of departure	Date of return	Business	Hotel	Cruise	Altitude	Family & Relatives	Tent	Backpack

Your Health

Please tell us of any medical conditions which have affected you	Please list any prescribed medication which you are taking

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					

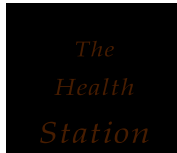
Malaria Tablets	
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During your consultation with the nurse, we will ask you to sign the following consent:

- The information provided is correct to the best of my knowledge.
- I have had the opportunity to ask questions.
- I consent to the receiving the treatment recommended for me.
- I have no reason to think I may be pregnant

Signed

Date



Nurse Travel Risk Assessment

THS Number	
Date	

Consideration of Potential Issues

Issue	Plan
Medication review p	
Allergy to egg or latex p	
Previous vaccine reaction p	
Other p	

Issue	Plan
Patient or family have epilepsy or mental illness p	
Recent DXR, chemo or steroids p	
Pregnant, planning or lactating p	

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
Personal vaccination record completed and provided								

Note any follow up plans: