PRE-TRAVEL HEALTH & VACCINATION ASSESSMENT

Surname:.....
Forename:.....
Telephone number: .....
Date of Birth: .....
M/F: .....

1. What is your departure date?
.....

2. How long will you be away?
.....

3. Which countries do you intend to visit? (Including brief stopovers)
.....
.....
.....

4. Will your journey take you to the:
Coast ❑
Interior ❑
Islands ❑

5. Will you be staying in:
tourist hotels ❑
relatives' homes ❑
local accommodation ❑

6. Are you travelling with:
Family ❑
Partner ❑
Alone ❑
Group ❑

7. Are you going on:
an organised package tour ❑
organising it yourself ❑
taking a backpacking holiday ❑

8. Is your holiday for:
Pleasure ❑
Business ❑
for a period of voluntary service in a remote area ❑

9. Will you be going on safari, travelling in areas with poor communication or participating in adventure sports
Yes ❑ No ❑ If yes please give details
.....
.....

10. Will you be in areas where medical help is non-existent (even for a short period)?
Yes ❑ No ❑
If yes please give details
.....
.....

11. Are you suffering from any minor ailments?
Yes ❑ No ❑ If yes please give details
.....
.....

12. Do you have any long-term medical conditions?
Yes ❑ No ❑ If yes please give details
.....

13. Do you have a history of epilepsy?
Yes ❑ No ❑ If yes please give details
.....

14. Have you ever experienced anxiety, depression or other psychological problems which have required treatment?

Yes ❑ No ❑ If yes please give details

.....

15. Have you had a bad reaction to vaccine?

Yes ❑ No ❑ If yes please give details

.....

16. Have you ever had a bad reaction to a vaccine?

Yes ❑ No ❑ If yes please give details

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17. Do you have any other allergies, e.g. eggs?

Yes ❑ No ❑ If yes please give details

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18. Are you taking any medication including the oral contraceptive pill, or have you been on antibiotics within the last 10 days?

Yes ❑ No ❑ If yes please give details

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19. Are you pregnant, breast-feeding or planning pregnancy?

Yes ❑ No ❑ If yes please give details

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20. Are you HIV positive?

Yes ❑ No ❑ If yes please give details

……

21. Have you recently received treatment with radiotherapy, chemotherapy or Steroids?

Yes ❑ No ❑ If yes please give details

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22. Are any children who are travelling up to date with their childhood Vaccinations?

Yes ❑ No ❑ If yes please give details

.....

23. Have you previously had any Vaccinations?

Yes ❑ No ❑

24. Have you had any of the following Vaccinations and, if so, when?

Typhoid ❑ Meningitis ❑

Tetanus ❑ Rabies ❑

Polio ❑ Yellow Fever ❑

Hepatitis A ❑ Hepatitis B ❑

Diptheria BCG ❑

Japanese Encephalitis ❑

Tick-borne Encephalitis ❑

Vaccines Required	**Vaccines Given**
1.	
2.	
3.	
4.	

Malaria Prophylaxis: Yes ❑ No ❑

Product:.....