

Personal Details			
Name		Date of Birth	
		Male [ ] Female [ ]	
Easiest contact telephone Number		Email	
Dates of Trip			
Date of Departure		Return Date or Overall length of Trip	
Details about Destination(s)			
Country <u>and</u> Location to be Visited	Length of Stay	Away from Medical help at the Destination? If so how remote?	
1.			
2.			
3.			
Do you plan to travel abroad again in the future?			
Please tick as appropriate below to best describe your trip			
Type of Trip	Business	Pleasure	Other
Holiday Type	Package	Self-Organised	Backpacking
	Camping	Cruise Ship	Trekking
Accommodation	Hotel	Relatives/ Family Home	Other
Travelling	Alone	With Family/ Friend	In a Group
Staying in Area which is...	Urban	Rural	Altitude
Planned Activities	Safari	Adventure	Other
Personal Medical History			
Do you have any recent or past medical history to note? (including diabetes, heart or lung conditions)			
List any current medications			
Do you have any allergies? For example to eggs, antibiotics, nuts or latex			
Have you ever had a serious reaction to a vaccine given to you before?			

Does having an injection make you feel faint?					
Do you or any close family members have epilepsy?					
Do you have any history of mental illness including depression and anxiety?					
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
<b>WOMEN ONLY:</b> Are you Pregnant, planning a pregnancy or breastfeeding?					
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?					
Please write below any further information which may be relevant					
<b>Vaccination History</b>					
Have you ever had any of the following vaccinations/ malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other:					
Malaria Tablets					

For discussion when risk assessment is performed within my appointment.

I have no reason to think I might be pregnant.

I consent to receiving any vaccines that I may require before my trip abroad.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

If returning this form electronically – please send to [admin.avenuehouse@nhs.net](mailto:admin.avenuehouse@nhs.net) and ask for it to be forwarded to the Nursing team at your branch site.