



TRAVEL FORM

PERSONAL DETAILS	
Name:	Date of birth:
Contact Phone Number:	Male () Female ()

Please try to provide the requested information as fully as possible, and as early as possible prior to your date of departure so that we can provide you with the optimum advice & vaccines.

Blue Dykes Surgery will try to undertake your travel risk assessment within the week (i.e the form, not your vaccinations)– it is expected that you will contact the surgery after this time to determine if you need a travel health appointment.

Some vaccines incur a fee. The need for individual vaccines will be discussed at your travel health appointment in detail according to your individual risk. If any of those that have a fee are required, a member of our admin team will liaise with you over cost, payment and ordering of the vaccine, prior to it being given.

TRAVEL DETAILS	
Date of departure	
Return date & Duration of stay	
Destination (s) / Location/ Resort (ESSENTIAL INFORMATION)	
Urban () Rural ()	
Type of holiday	Travel abroad for business
	Travel abroad on holiday
	Safari holiday
	Back packing/Trekking holiday
	Camping Holiday
Accommodation Type	
High Risk Activities	

MEDICAL HISTORY	
Any recent/past medical history (e.g. Diabetes, Heart/Lung conditions)	
Current/Repeat Medications	
Any allergies	
Have you reacted badly to a vaccine before?	
Does having an injection make you feel faint?	
Do you or any close family members have Epilepsy?	

MEDICAL HISTORY (continued)	
Do you have any history of mental illness including depression & anxiety?	
Have you had radiotherapy, chemotherapy or steroid treatment?	
<i>Women Only</i> – are you pregnant or planning pregnancy or breast feeding?	
Have you taken out travel insurance & informed the insurance company of any medical condition?	

VACCINATION / MALARIA TABLET HISTORY	
Have you had any previous vaccinations or malaria tablets and if so when?	

OFFICIAL USE	
Name	Date of Birth / Age
APPOINTMENT REQUIRED	YES () NO ()
Vaccines Required/Current cover	
Diphtheria	
Tetanus	
Polio	
MMR	
Hepatitis A	
Typhoid	
Hepatitis B (non NHS)	
Yellow Fever (non NHS)	
Rabies (non NHS)	
Jap B Encephalitis (non NHS)	
Tick Bourne Encephalitis (non NHS)	
Meningitis ACWY (non NHS)	
Other	
Malaria Chemoprophylaxis (non NHS)	
Chloroquine & Proguanil	
Chloroquine	
Malarone (Atovaquone & Proguanil)	
Doxycycline	
Mefloquine	
Ordering/Costs ADMIN USE ONLY	
Vaccines required	
Costing & Deposit	
Vaccines ordered	