

Personal details		Date today:		
Name Address		Date of Birth: Male [ ] Female [ ]		
Mobile Phone Number				
Email				
GP Details				
Dates of Trip				
Date of departure				
Return date or overall length				
Itinerary and purpose of visit				
Country to be visited	Length of stay	Remote? Trek? Medical access? Altitude?		
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Personal medical history				
Tick which of the following applies to you	Yes	No	Details (reconfirm at each appointment)	
Are you feeling well today? Do you have a fever?				
Have you had any immunizations in the past 3 weeks?				
Do you have any recent or past medical history of note?				
Do you take any current or repeat medicines?				
Do you have any allergies to eggs, latex, nuts or antibiotics?				
Have you had a serious reaction to a vaccine before?				
Does having an injection make you feel faint?				
Do you or any of your family suffer from epilepsy?				
Recently undergone radiotherapy, chemotherapy, steroids?				
Do you have a medical history of the following: anxiety, depression, heart, lung, spleen, joint, liver, kidney, immunity, blood conditions, disorders, diabetes, HIV/AIDS				
Please write below any further information which may be relevant				
Vaccination History				
Have you ever had any of the following vaccinations / malaria tablets and if so when?				
Tetanus		Polio		
Typhoid		Hepatitis A		
Meningitis		Yellow Fever		
Rabies		Jap B Enceph		
Other		Malaria Tablets		
Women only		Yes	No	Details (reconfirm at each appointment)
Are you pregnant? Or planning a pregnancy?				
Are you breast feeding?				

**FOR OFFICIAL USE**

Vaccine	Date	Batch No. + Expiry	Date	Batch No. + Expiry	Date	Batch No. + Expiry	Price
Dip / Tet / Polio							
Typhoid							
Combined Hep A + Typhoid							
Combined Hep A + Hep B 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>							
Hep A 1 <sup>st</sup> 2 <sup>nd</sup> Booster							
Hep B 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>							
Meningitis ACWY							
Rabies 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>							
Other .....							

Malaria Oral Medicine	Date	Quantity	Details	Price
Malarone (atovaquone + proguanil)			Daily. One to two days before, one week after.	
Lariam(mefloquine)			Weekly. 2.5 weeks before, 4 weeks after.	
Doxycycline			Daily. One to two days before, four weeks after	
Paludrine (chloroquine + proguanil)				
Chloroquine				

**Total Price.....**

Additional travel advice			
Water and personal hygiene	Travellers' diarrhoea	Hepatitis B and HIV	
Insect bite prevention	Animal bites	Accidents	
Insurance	Air Travel	Sun and heat protection	

**Patient consent**

I have received information on the risks and benefits of the vaccines recommended and fully understand them. I have also had the opportunity to ask questions. I have no reason to suspect that I may be pregnant. I consent to the vaccines being given at each appointment.

Patient signature...../...../.....Date.....

Pharmacist signature..... Date.....

**ADVISED TO WAIT 15 MINUTES POST-VACCINE**