



Travel Information Form

This form is an assessment form only used by the nurses to assess your travel needs, vaccines will NOT be given at your first appointment

Name:	
Date of Birth:	
Contact Tel No:	
Email:	
Preferred method of Contact:	

Travel Details

Date of Travel:	
Countries to be visited and length of stay in each	
<u>1.</u>	
<u>2.</u>	
<u>3.</u>	

Type of accommodation: (eg hotel hostel etc)	
Type of Break: (eg holiday work etc)	
Planned activities (eg skiing, safari etc)	

Medical History

Are you on any medication taken that are NOT prescribed by your GP:	
Have you undergone any recent treatments or admissions to hospital:	
Do you have any allergies or do you have a severe reaction to eggs:	
Are you pregnant or planning a pregnancy:	
Are you using any contraceptives:	
Any other info that you think may help us assess your travel needs:	

Vaccination Record (record dates of previous vaccines)

Vaccination	Date 1	Date 2	Date 3
Hepatitis A (course of 2 include both dates)		-	
Typhoid			
Hepatitis B (course of 3 include all dates)		-	-
Diphtheria/Tetanus/Polio			
Yellow Fever			
Others		-	-