

Traveller's Details			
Name		Date of Birth	
Address		Name of surgery/GP	
		Telephone	

Destinations, Itinerary and Purpose of Visit		
Country (and area if known)	Dates/Length of Travel	Purpose of travel (trek, resort etc)
1.		
2.		
3.		
Additional notes:		

Personal Medical History	
Current medications (OTC or POM)	
Any relevant/recent medical condition	
Any allergies (including egg, latex, nuts, antibiotics)	
Do you have a medical history of any of the following: Anxiety, depression, heart/lung/spleen/joint/liver/kidney/immunity/blood conditions or disorders, diabetes, HIV/AIDS	
Additional notes:	

Vaccination History					
Have you ever had any of the following vaccinations/malaria tablets? Please tick and state the dates of each					
Tetanus		Hepatitis B		Tick Borne	
Typhoid		Polio		Influenza	
Meningitis		Yellow Fever		Malaria Tablets	
Rabies		Jap B Enceph		Other (specify below)	
Hepatitis A		Diphtheria			