

Name
Address
D.O.B.

Tel. no.

Date of 1st appt.
Seen by -

Personal profile

Significant past medical history

Current health problems

Any current medications

Any allergies

Pregnant
(or planning)

Travel profile

Date of departure –

Travelling to country + length of stay

-
-
-

Reason for travel –

Type of accommodation, rural / city

General comments – Previous travel etc

Is there a Risk of Malaria ? Y / N

Aware / understanding
e.g. how contracted Y / N

Bite avoid. (nets repellents etc) Y / N

Signs, symptoms, Diagnosis Y / N

Weight if child _____

Chemprophylaxis recommended –

Chloroquine

Proguanil

Doxycycline

Atovaquone proguanil (Malarone)

Mefloquine

Prescription given ? Y / N

General travel-health advice given -

Food, water

Safety issues etc

Health insurance


Safe sun

Other –

Previous vaccine history

Vaccine	Y/N	Date given	Recommend for current trip ?
Tetanus			
Diphtheria			
Polio			
Typhoid			
Hep A 1 st or boost			
Hep B			
Meningitis			
Rabies			
B.C.G.			
Jap enceph.			
Tick borne enceph.			
Yellow fever			
MMR			
Other?			

Notes -

Vaccine 	1. Appt. date				Doc's signature if required
	2. Given + site batch no. + sign				
	1.	1.	1.	1.	
	2.	2.	2.	2.	
	1.	1.	1.	1.	
	2.	2.	2.	2.	
	1.	1.	1.	1.	
	2.	2.	2.	2.	
	1.	1.	1.	1.	
	2.	2.	2.	2.	
	1.	1.	1.	1.	
	2.	2.	2.	2.	

Any further information –