WHITELADIES MEDICAL GROUP

Travel Assessment Form

Name *	
Gender *	
Email Address *	Male Female
Mobile phone number	
Date of birth * (Please use this date format: DD/MM/YYYY)	
Date of departure *	
Return date *	

Please give details of country to be visited, length of stay, and how remote you'll be from medical help *

Reason for travel	Business Pleasure Other
Type of holiday	Package Self organised Backpacking Camping Ship Cruise Trekking
Accommodation *	Hotel Relatives / family home Other
Are you travelling *	Alone With family / friend In a group
Are you staying in one of the following locations?	Urban Rural Altitude
What activities will you be doing?*	Safari Adventure Other

Do you have any recent or past medical history that may be relevant? (including diabetes, heart or lung conditions) *	
Please list your current or repeat medications	
Do you have any allergies? *	
Have you had a serious reaction to a vaccine before? *	Don't Know No Yes
Do you or any close family members have epilepsy? *	Don't Know No Yes
Do you have any history or mental illness including depression or anxiety? *	Don't Know No Yes

Have you recently undergone radiotherapy, chemotherapy or steroid treatment? *	Don't Know No Yes
Women only: Are you pregnant or planning pregnancy or breast feeding?	Don't Know No Yes
Have you taken out travel insurance and if you have a medical condition, have you informed the insurance company about this? *	Don't Know No Yes
Please provide any further relevant information	Don't Know No Yes
Have you ever had any of the following vaccinations / malaria tablets? ○ Tetanus ○ Polio ○ Diptheria ○ Typhoid ○ Hepatitis A ○ Hepatitis B ○ Meningitis ○ Yellow Fever ○ Influenza ○ Rabies ○ Jap B Enceph ○ Tick Borne ○ Other / Malaria tablets	

Please confirm that you have no reason to think that you may be pregnant. You have discussed the risks and benefits of the vaccinations and preventive treatment being offered to you and you have been able to ask questions. You have consented for vaccines to be given

Signed * ----------

Date * ----------

(Please use this date format: DD/MM/YYYY)