BROOMFIELD PARK MEDICAL CENTRE

<table>
<tr><td colspan="3">Personal Details:</td><td colspan="4">Date of Birth
Male ( ) Female ( )</td></tr>
<tr><td colspan="7">Easiest contact telephone number:</td></tr>
<tr><td colspan="7">E mail:</td></tr>
<tr><td colspan="7">Dates of Trip:</td></tr>
<tr><td colspan="7">Date of Departure:</td></tr>
<tr><td colspan="7">Return date or overall length of trip:</td></tr>
<tr><td colspan="7">Itinerary and purpose of visit</td></tr>
<tr><td colspan="2">Country to be visited</td><td colspan="3">Length of Stay</td><td colspan="2">Away from medical help at destination, if so, how remote?</td></tr>
<tr><td colspan="2">1.</td><td colspan="3"></td><td colspan="2"></td></tr>
<tr><td colspan="2">2.</td><td colspan="3"></td><td colspan="2"></td></tr>
<tr><td colspan="2">Future Travel Plans:</td><td colspan="3"></td><td colspan="2"></td></tr>
<tr><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td></tr>
<tr><td colspan="7">Please tick as appropriate below to best describe your trip:</td></tr>
<tr><td>1. Type of trip</td><td>Business</td><td></td><td>Pleasure</td><td></td><td>Other</td><td></td></tr>
<tr><td>2. Holiday Type</td><td>Package</td><td></td><td>Self Organised</td><td></td><td>Backpacking</td><td></td></tr>
<tr><td></td><td>Camping</td><td></td><td>Cruise Ship</td><td></td><td>Trekking</td><td></td></tr>
<tr><td>3. Accommodation</td><td>Hotel</td><td></td><td>Relatives/ family home</td><td></td><td>Other</td><td></td></tr>
<tr><td>4. Travelling</td><td>Alone</td><td></td><td>With family/friend</td><td></td><td>In a Group</td><td></td></tr>
<tr><td>5. Staying in area which is</td><td>Urban</td><td></td><td>Rural</td><td></td><td>Altitude</td><td></td></tr>
<tr><td>6. Planned activities</td><td>Safari</td><td></td><td>Adventure</td><td></td><td>Other</td><td></td></tr>
<tr><td colspan="7">Personal Medical History:</td></tr>
<tr><td colspan="7">Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)</td></tr>
<tr><td colspan="7"></td></tr>
<tr><td colspan="7">List any current or repeat medications</td></tr>
<tr><td colspan="7">Do you have any allergies for example to eggs, antibiotics, nuts?</td></tr>
<tr><td colspan="7">Have you ever had a serious reaction to a vaccine given to you before?</td></tr>
<tr><td colspan="7">Does having an injection make you feel faint?</td></tr>
<tr><td colspan="7">Do you or any close family members have Epilepsy?</td></tr>
<tr><td colspan="7">Do you have any history or mental illness including depression or anxiety?</td></tr>
<tr><td colspan="7">Have you recently undergone radiotherapy, chemotherapy or steroid treatment?</td></tr>
<tr><td colspan="7">Women Only: Are you pregnant or planning pregnancy or breast feeding?</td></tr>
<tr><td colspan="7">Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?</td></tr>
<tr><td colspan="7">Please write below any further information which may be relevant:</td></tr>
</table>

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Vaccination History:					
Have you ever had any of the following vaccinations/ malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria Tablets					

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: **Date:**

FOR OFFICIAL USE:			
Patient Name:			
Travel Risk Assessment performed Yes ( ) No ( )			
Travel vaccines recommended for this trip:			
Disease Protection	Yes	No	Further Information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
Other			

Travel Advice and Leaflets given as per Travel Protocol:					
And personal hygiene advice		Traveller's Diarrhoea		Hepatitis B and HIV	
Insect Bite prevention		Animal Bites		Accidents	
Insurance		Air Travel		Sun and Heat protection	
Websites:	Travel record card supplied:				
	Other				

Malaria Prevention Advice and Malaria Chemoprophylaxis			
Chloroquine and Proguanil		Atovaquone + proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	
Further Information			
e.g. weight of child			

Signed By: **Position:** **Date:**