

Travel Health & Vaccinations

Additional Family Members Form

Personal Details (Please print clearly)

Once completed attach to the full itinerary form

Name:

Date of birth:

Complete the next two rows only if you require a separate private consultation with the nurse alternatively complete the consent box overleaf so we can discuss your travel recommendations with an alternative family member (*children aged 14 years and over need to consent*)

Telephone number to be contacted on :

Best day & time to contact you Mon Tue Wed Thur Fri
Morning Afternoon Evening (up to 6 pm)

List any deviations to your itinerary/accommodation

Personal Medical History

Do you have any allergies for example to eggs, antibiotics, nuts or latex?

Have you ever had a serious reaction to a vaccine given to you before?

Does having an injection make you feel faint?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you currently pregnant, planning a pregnancy or breast feeding?

Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?

Please write below any further information which may be relevant:

Vaccination history

Have you ever had any of the following vaccinations/malaria tablets and if so when?

Tetanus		Polio		Diphtheria		Malaria Tablets
Typhoid		Hepatitis A		Hepatitis B		
Meningitis		Yellow Fever		Influenza		
Rabies		Jap B Enceph		Tick Borne		

Other:

I understand this information will be used by the nurse to provide travel advice and recommendations for vaccinations. The information will also be scanned into my medical records as part of my consultation with the nurse.

I consent for any information in relation to this travel form to be discussed with:

Name (please print clearly): _____

Signed: _____

Date: _____