|  |
| --- |
| Personal Details |
| Name | Date of Birth |
| Telephone Number | Male [ ] |
| Email | Female [ ] |
| Trip Details |
| Date of departure |
| Date of return/ approx. length of trip |
| Country(s) you are visiting |  |
| Will you be more than 24h from medical services at any point in your trip? Yes [ ] No [ ] |
| Planned Activities | Water sports [ ] Safari [ ] Jungle Trek [ ] Camping [ ] Volunteer Work [ ]  |
| Medical History |
| Please list any medical problems.Ie. Diabetes, Epilepsy, Heart or lung conditions |
| Do you take any regular medication? |
| Do you have any allergies?Ie. Nuts, Eggs, antibiotics |
| Have you ever had a reaction to a vaccination in the past?What kind of reaction did you have? |
| Have you recently been on steroid tablets or undergone radiotherapy or chemotherapy? |
| Are you currently pregnant or breastfeeding, or trying to get pregnant? |
| Vaccination History |
| Did you receive your childhood immunisations in the UK?Did you miss any of your immunisations as a child? |
| Please write the date(s) of any vaccinations you have already received |
| Hepatitis A |  | Hepatitis B |  | Jap B Encephalitis |  |
| Meningitis |  | Rabies |  | Tetanus |  |
| Tuberculosis (BCG) |  | Typhoid |  | Yellow Fever |  |
| Other Information |
|  |