|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | |
|  | | | | | | |