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| --- |
| PERSONAL DETAILS |
| Name  | Date of Birth |
| Contact tel number | Email address |
| TRIP DETAILS |  |
| Date of Departure | Length of stay overall  |
| Date of Return  |
| DESTINATION (S) |
| Countries to be visited | Areas staying within Country | Length of stay |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| **Do you plan to travel abroad again in the future?**  **YES / NO** ( circle)  |
| DECRIBE YOUR TRIP ( packaged tour , backpacking, business, cruise, etc)  |
|  |
| PERSONAL MEDICAL HISTORY |
| Any Recent or past medical history – ( heart problems, lung conditions, diabetes , epilepsy, mental illness including anxiety or depression etc)  |
| Any problems with vaccinations in the past ? | Allergies?  |
| **Women only** : are you pregnant, planning a pregnancy or currently breastfeeding ? |
| PREVIOUS VACCINATION HISTORY  |
| **Are you up to date with any childhood vaccinations? YES/NO** (circle) |
| **Following discussion during my travel consultation and based on the information I have given I consent to having vaccines as recommended by my health professional. I have received the information on the risks and benefits of the vaccines recommended**Patient Signature  |