

The information on this form will help your doctor or nurse to find out if you may need any vaccinations before you travel to help keep you healthy on your trip. This form should be given to your GP or nurse when you visit your surgery or travel clinic. Please complete all details about your planned trip.

Name		Date of birth		
Date of departure		Date of return		
I will be visiting the following countries Please give details of the resort/region as well as the country. Remember to list any countries you will be travelling through as well as those you'll be staying in	Time in country (days)	Purpose of trip e.g. holiday/visiting relatives. Include any at-risk activities planned	Type of accommodation e.g. hotel/hostel/campsite	

Do you plan to travel abroad again in the future?:



Please give details of any conditions that may affect your travel plans e.g. pregnancy, diabetes, heart, thymus or spleen problems, HIV/AIDS or allergies.

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	Medical history:
1	Allergies e.g. eggs, antibiotics:
	Current medication (including oral contraceptives):
	Women only Are you pregnant, planning pregnancy or breast feeding?:

Please give details of any previous vaccinations and anti-malarial medications below:

Hepatitis A Typhoid fever Yellow fever Rabies Hepatitis B Cholera Japanese encephalitis Influenza Other: Date Anti-malarial Comments lany problems or side-you may have experies	de-effect rienced)	(any problems or side you may have experie	Comments	Date	Vaccination
Yellow fever Rabies Hepatitis B Cholera Japanese encephalitis Influenza Other: Date Anti-malarial Comments (any problems or side-					Hepatitis A
Rabies Hepatitis B Cholera Japanese encephalitis Influenza Other: Date Anti-malarial Comments (any problems or side-					Typhoid fever
Hepatitis B Cholera Japanese encephalitis Influenza Other: Date Anti-malarial Comments (any problems or side-					Yellow fever
Cholera Japanese encephalitis Influenza Other: Comments (any problems or side-					Rabies
Japanese encephalitis Influenza Other: Date Anti-malarial Comments (any problems or side-					Hepatitis B
Other: Date Anti-malarial Comments (any problems or side-					Cholera
Other: Date Anti-malarial Comments (any problems or side-					Japanese encephalitis
Date Anti-malarial Comments (any problems or side-					Influenza
					Other:
			Comments	Anti-malarial	Date

BEFORE YOU TRAVEL

Pati	ent Signature Date
	e received travel information and advice on the risk and benefits of the vaccines recommended have had the opportunity to ask questions. I consent to the vaccines being given.
	Find out more about the region you're travelling to by visiting The Foreign Office Website and for advice on specific risks in specific countries (www.fco.gov.uk).
	Have you had a recent dental and medical check up?
	Make sure that you have adequate supplies of your prescription medication. Have you checked with the airport and airline for any restrictions they may have on travelling with medicines or administration devices?
	Pack a first aid kit, including a sterile kit of emergency equipment if you're going somewhere remote.
1	Make sure you get adequate travel insurance for all the activities you're planning on taking part in.

Print Name

Nurse Signature

Date

Date

Print Name





This leaflet has been prepared by Sanofi Pasteur MSD to aid in pre-travel assesment for travellers. It is not meant as an alternative to individual advice and should be used in conjunction with advice provided to you by a healthcare professional

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