AVEL OUESTIONNA PRF-T

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

(days)	e.g. holiday/visiting relatives. Include any at-risk activities planned	accommodation e.g. hotel/hostel/ campsite
	(uays)	relatives. Include any at-risk activities

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.

Medical history:

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:

Vaccination	Date	Comments	(any problems or side-effects you may have experienced)
Hepatitis A			
Typhoid fever			
Yellow fever			
Rabies			
Hepatitis B			
Cholera			
Japanese encephalitis			
Influenza			
Other:			
Date	Anti-malarial	Comments	(any problems or side-effects you may have experienced)

BEFORE YOU TRAVEL

Make sure you get adequate travel insurance for all the activities you're planning on taking part in.

Pack a first aid kit, including a sterile kit of emergency equipment if you're going somewhere remote.

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?

Have you had a recent dental and medical check up?

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).

I have received travel information and advice on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Patient Signature	Date
Print Name	
Nurse Signature	Date
Print Name MIX Paper from responsible sources FSC C019100 This leaflet has been prepared by Sanofi Pasteur MSD to a for travellers. It is not meant as an alternative to individua used in conjunction with advice provided to you by a healt	l advice and should be