# Travel Consultation Record

Name: _____

Date of Birth: _____ Age: _____ Sex: M / F

**Travel Itinerary**

Date of Departure _____

Destination(s) and duration of stay

_____

_____

_____

**Type of holiday**

Holiday/Business/VFR/Other details

_____

**Accommodation**

Hotel ____ Star / Hostel / Family home etc

_____

High Risk Activities

(eg. Winter sports, safari, climbing, water sports etc)

_____

_____

_____

**Previous/Current Medical History**

(e.g. asthma, diabetes, epilepsy, asplenic)

_____

_____

_____

_____

_____

Allergies to any drugs or Food

_____

_____

_____

Steroids: Y/N Contraceptive Pill: Y/N/NA

Pregnant: Y/N/NA Pregnancy Planned: Y/N

Well today?

_____

_____

Medical Insurance Arranged? Y/N

**Previous Vaccination History**

Previous Reaction to any vaccines Y/N

Feels Faint with Injection Y/N

| Vaccination | Date rcvd |
|---|---|
| Tetanus | |
| Diptheria | |
| Polio | |
| Typhoid | |
| Hepatitis A 1st or Bst | |
| Hepatitis B 1st 2nd 3rd 4th | |
| Meningitis | |
| Yellow Fever | |
| Other | |

**Recommended Vaccines**

| | |
|---|---|
| Tetanus/diphtheria | |
| Polio | |
| Typhoid | |
| Hepatitis A | |
| Hepatitis B | |
| Meningitis A/C | |
| Yellow Fever | |

Other

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: Date:

Drs Price, MacDermott, Lethem, Griffith, Hunter and Wallam

March 2009

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| Vaccine | Batch Number | Date Given | Site of Injection | Signed |
|---|---|---|---|---|
| Polio | | | | |
| Tetanus | | | R L Arm Leg | |
| Tetanus/low dose Diptheria | | | R L Arm Leg | |
| Typhoid | | | R L Arm Leg | |
| Hepatitis A Vaccine 1st dose/booster | | | R L Arm Leg | |
| Hep A + Typhoid Hep A as1st dose or Hep A as booster | | | R L Arm Leg | |
| Meningitis AC/ACWY | | | R L Arm Leg | |
| Yellow Fever | | | R L Arm Leg | |

| Hepatitis B or Hepatitis A and B | 1st dose date R L Arm Leg | 2nd dose date R L Arm Leg | 3rd dose date R L Arm Leg |
|---|---|---|---|

**General advice given**: (tick box)

Food/water/sanitation ☐
Insect bites/animal bites ☐
Exposure to Sun ☐
Sexual behaviour ☐
Accident Prevention ☐
First Aid Kit ☐
Medication ☐
Insurance ☐

**Comments/Additional Vaccines**

**Travel Advice Given** **Yes/No**
(as detailed in patient group direction)

Malaria Advice/Leaflet Given Yes/No
Malaria Chemoprophylaxis advised Yes/No

If child: Wt. _____ kg/recommended dose _____

**Tablets Recommended**

| Mefloquine | | Proguanil | | Chloroquine | |
|---|---|---|---|---|---|
| Doxycycline | | Malerone | | | |

Travel record card given Yes/No/Updated

Signed _____
Practice Nurse

Signed _____
Doctor

Drs Price, MacDermott, Lethem, Griffith, Hunter and Wallam

March 2009