Grange Road
FAMILY PRACTICE

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TRAVEL VACCINE CONSULTATION CHECKLIST

Personal Details:		
Name:		
Date of Birth:	Male ☐ Female ☐	
Contact Phone Number		
Dates of Trip:		
Date of Departure:	Date of Return:	
Itinerary and Purpose of Visit:		
Country to be visited	Length of stay	Away from medical help at destination, and if so, how remote?

Future travel plans:

___

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Please tick as appropriate below to best describe your trip:			
Type of trip:	☐ Business	☐ Pleasure	☐ Other
Holiday type:	☐ Package ☐ Camping	☐ Self-organised ☐ Cruise	☐ Backpacking ☐ Trekking
Accommodation	☐ Hotel	☐ Relatives/family home	☐ Other
Travelling:	☐ Alone	☐ With family/friend	☐ In a group
Staying in area which is:	☐ Urban	☐ Rural	☐ Altitude
Planned activities:	☐ Safari	☐ Adventure	☐ Other

Travel medicine History:		
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)	☐ Yes	☐ No

List any current or repeat medications:

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Do you have any allergies, e.g. eggs, antibiotics, nuts?	☐ Yes	☐ No
Have you ever had a serious reaction to a vaccine given to you before?	☐ Yes	☐ No
Does having an injection make you feel faint?	☐ Yes	☐ No
Women only: Are you pregnant or planning pregnancy, or breastfeeding?	☐ Yes	☐ No

Please write below any further information which may be relevant:

___

___

P.T.O.

Travel medicine history:			
Have you ever had any of the following vaccines/malaria tablets and if so, when?			☐ Pertusis _______
☐ Tetanus _______	☐ Polio _______	☐ Diphtheria _______	☐ Typhoid _______
☐ Hepatitis A _______	☐ Hepatitis B _______	☐ Meningitis _______	☐ Yellow fever____
☐ Influenze _______	☐ Rabies _______	☐ Japense B Enceph _____	☐ Tick Borne Enceph
Other:			
Malaria Tablets:			

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:

For official use:		
Patient name:		
Travel risk assessment performed:		☐ Yes ☐ No
Travel vaccines recommended for this trip:		
Disease protection:		Further information:
Hepatitis A	☐ Yes ☐ No	
Hepatitis B	☐ Yes ☐ No	
Typhoid	☐ Yes ☐ No	
Cholera	☐ Yes ☐ No	
Tetanus	☐ Yes ☐ No	
Diphtheria	☐ Yes ☐ No	
Polio	☐ Yes ☐ No	
Pertussis	☐ Yes ☐ No	
Meningitis ACWY	☐ Yes ☐ No	
Yellow Fever	☐ Yes ☐ No	
Rabies	☐ Yes ☐ No	
Japanese B Encephalitis	☐ Yes ☐ No	
Other		

Travel advice and leaflets given as per travel protocol		
☐ Food water and personal hygiene advice	☐ Travellers's diarrhoea	☐ Hepatitis B and HIV
☐ Insect bite prevention	☐ Animal bites	☐ Accidents
☐ Insurance	☐ Air Travel	☐ Sun and heat protection
Websites		
Travel record supplied	Other	

Malaria prevention advice and malaria chemoprophylaxis	
☐ Chloroquine and proguanil	☐ Atovaquone & proguanil
☐ Chloroquine	☐ Mefloquine
☐ Doxycycline	☐ Malaria advice leaflet given

Further information
E.g. weight of child

Signed by:

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Prescribed: ______________________ Date: ______________________