



Full name:

Date of Birth:

Contact number:

What country/countries are you visiting?

What is the duration of your stay?

What type of areas are you visiting? (please tick)

- ☐ Urban
- ☐ Rural
- ☐ Both

What type of trip is it? (e.g. business, holiday, seeing family, backpacking, charity)

Who are you travelling with? (please tick)

- ☐ Alone
- ☐ With family/friends
- ☐ In a group

Name:	Date of birth:
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Please provide details of any medication(s) you are taking, including contraception.

Please provide details of any current health condition(s).

Please provide details on any short course(s) of medication you are taking (e.g. antibiotics).

Please provide details of any allergies you have.

Name:	Date of birth:
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Have you ever had a reaction to a vaccine or malaria tablets in the past?

Yes/No (delete as applicable)

If yes, please tell us what vaccine or brand of malaria tablets you had a reaction to (if you remember) and what your reaction was.

What previous travel vaccinations have you received? Please list any that you can remember having.

Are you pregnant, planning pregnancy or breastfeeding? (please tick)

☐ **Pregnant**

☐ **Planning pregnancy**

☐ **Breastfeeding**

☐ **None of the above**

Is there anything else you feel might be relevant?