Information required for travel consultation

Name			DoB
Address			
Travel dates: (include all countries/stop offs in schedule)	Country:	Date From:	Date To:
Please tick all of the following that are relevant to your travel:			
All inclusive	Coastal	rural	Inland
mountainous	Trekking	safari	Jungle
5* hotel	4*hotel	3*hotel	Youth hostel
cruise	Large city	Small town	Village
En suite	Communal facilities		
Previous vaccination history:		Date:	Vaccine:
List any allergies:			
If female, are you pregnant? Y/N			
ALL PATIENTS:	• Please access www.fitfortravel.nhs.uk for in depth travel advice • Please consider your sexual health including pill efficacy when changing time-zones • All water should be bottled or boiled (including teeth cleaning if going to a country where there is a risk of typhoid or hepatitis A • Purchase sun block factor 30 or above to reduce your risk of skin cancer		
	I confirm that I have accessed www.fitfortravel.nhs.uk and understand the information given Signed: Date:		
Office use:	Recommended vaccines		
	Malaria prophylaxis		

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