

The Harley Street General Practice

Travel Vaccinations

PRIVATE AND CONFIDENTIAL

To help us advise you on the protection you need for your intended trip abroad please complete this form as fully as possible prior to your appointment and bring it with you.
Thank you

Your Name

Telephone number/ extension

Date of birth Age

1. Your departure date
2. Likely duration of your trip
3. Primarily business or holiday?
4. Which countries are you traveling to
- or *MAY* travel to?
5. Will you be staying in hotels or under more primitive conditions (eg camping)?
6. Do you plan any safaris, jungle exploration or travel in difficult or isolated terrain?
7. Are you allergic to anything?

8. Are you on any medications/ inhalers/ contraceptive pill?

9. Is there any likelihood you could be pregnant?

10. Have you ever had or are you suffering from heart disease or other chronic illness?

11. As far as you know which of the following vaccinations have you had and when

- Tetanus
- Diphtheria
- Polio
- Hepatitis A
- Typhoid
- Yellow Fever
- Hepatitis B
- Rabies
- Meningitis ACWY
- BCG (for tuberculosis)
- others?

If you are uncertain but have any records at all please bring them to the appointment.

8. What antimalarial medication have you taken in the past, if ever?
eg.

Lariam

Doxycycline

Paludrine/Chloroquine

Malarone