

## Pre- travel assessment form

Please Complete and bring to your travel clinic appointment.

PERSONAL DETAILS	
<b>Name</b>	Date of birth
Contact number	Male/ female

Date of departure		
Return date	Length of trip in total	
COUNTRIES TO BE VISITED	LENGTH OF STAY	AWAY FROM MEDICAL HELP?
1		
2		
3		
Any future travel plans?		

Please tick the most appropriate below to best describe your trip

1.Type of trip	Business		Pleasure		Other	
2.Holiday type	Package		Self organised		Backpacking	
	Camping		Cruise ship		Trekking	
3.Accommodation	Hotel		Relatives/ family		Other/please state	
4.travelling	Alone		Family/ friend		In a group	
5.staying in an area which is	Urban		Rural		Altitude	
6.planned activities	Safari		Adventure		Other- please state	

<b>PERSONAL MEDICAL HISTORY</b>
Do you have any medical history of note? ( asthma/ heart disease/ diabetes/ epilepsy)
Allergies?
Serious reactions to any vaccines in the past?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Have you taken out travel insurance and if you have a medical condition have you informed them of this?
<b>WOMEN ONLY: Are you pregnant or breastfeeding?</b>
Please write any further information about your trip below ( such as itinerary if multiple locations)