

TRAVEL HEALTH
Pre-Travel Clinic Record

Basic Patient Details:			
Name:	DOB:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Patient's Address:	Current Medication:		
Postcode	Pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Tel no:	No. of weeks:		
Email:			
Nationality:			
Current Health Problems:			
Allergies:			
Travel Details:			
Date of Departure:		Total Duration:	
Destination(s): <i>Please record duration of stay next to destination</i>			
•	•	•	•
•	•	•	•
•	•	•	•
Type of Trip:			
Package Holiday <input type="checkbox"/>	Immigration <input type="checkbox"/>	Voluntary/Charity Work <input type="checkbox"/>	
Cruise <input type="checkbox"/>	Adventure Holiday <input type="checkbox"/>	Elective/Student <input type="checkbox"/>	
Business < 3 Months <input type="checkbox"/>	Backpacking <input type="checkbox"/>	Aid Worker <input type="checkbox"/>	
Business > 3 Months <input type="checkbox"/>	Visiting Family/Friends <input type="checkbox"/>	Self-Organised <input type="checkbox"/>	
Areas to be Visited:	Urban <input type="checkbox"/>	Rural <input type="checkbox"/>	Altitude < 3000m <input type="checkbox"/>
			Beach <input type="checkbox"/>
Accommodation:	Good <input type="checkbox"/>	Basic <input type="checkbox"/>	Poor <input type="checkbox"/>
			Not Known <input type="checkbox"/>
Occupation/Activities Abroad:			
Risks Discussed:			
Bite Avoidance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Food/Water Hygiene	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Blood Bourne Viruses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Rabies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Schistoscomiasis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Insurance/Accidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sun Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Subsequent Notes:			

TRAVEL CLINIC RECORD PRESCRIPTIONS

Vaccines	Received previously/ comments	Dates (complete top line) Initial when given and enter batch (complete bottom line)				
Poliomyelitis						
Tetanus						
Diphtheria/ Tetanus/ Inactivated Polio						
Typhoid (injectable)						
Hepatitis A						
Hepatitis B						
Hepatitis A & Typhoid combined						
Hepatitis A & B combined						
Meningococcal (specify type)						
Japanese B encephalitis						
Rabies						
Tick-borne encephalitis						
Yellow fever						
Cholera						
Mantoux				Result:		
B.C.G				Result:		
Other						
Malaria Prophylaxis advised						
Chloroquine <input type="checkbox"/> Proguanil <input type="checkbox"/> Doxycycline <input type="checkbox"/> Mefloquine <input type="checkbox"/> Atovaquone/Proguanil <input type="checkbox"/> None <input type="checkbox"/>						
Signature:				Date D D M M Y Y (first seen)		