PRE - TRAVEL ASSESSMENT FORM											
Please complete and return to Langmore Clinic											
Mr	Mrs	Ms	Dr	Dr Surname		First names					
Date of Birt	h			Occupation		This trip is for	Holiday	Business			
Contact details: Mobile phone Daytime phone											
Address						Postcode					
Email											
Travel Agent (name & address)											
Please inform my usual GP about vaccinations given here: Yes No											
GP (name ar	d address)										
I have Private Health Extras Cover: Yes No											
Passport Number Cou							Country of Passport				
Date of departure Date of return						I will visit the following countries:					
Country (in	order of vi	isit)	Durat	tion (weeks)	Accommodation	(hotel/tent/backpa	ck)	Cities only			

Please list countries you have visited previously

Is your general health good?	Yes	No
Have you ever fainted or felt unwell soon after an injection?	Yes	No
Could you be pregnant while away?	Yes	No
Does someone with lowered immunity live at home with you?	Yes	No
Will children be travelling with you?	Yes	No
Are you allergic to eggs, medications or other substances?	Yes	No

Please list these allergies:

Please list ALL medications you are currently taking

Please list past significant medical / health problems you have had both here and overseas. Especially note past history of jaundice, hepatitis, deep vein thrombosis (DVT) or blood clots, ear or hearing problems, or if have a disease which lowers immunity (e.g. cancer, HIV/AIDS, thymus disorder)

In order to avoid unnecessary vaccinations along with extra charges, you need to complete the following table before your appointment. Please put the approximate year you had any of the following vaccines or diseases, including, <u>measles, mumps, rubella, chicken pox</u> as well as the date of your last <u>tetanus vaccine</u>. You can check your previous medical records or with your previous GP to find this information.

Vaccine given	Year	Vaccine given	Year	Vaccine given	Year
Tetanus / Diphtheria / Whooping cough (pertussis)		Typhoid		Mantoux / BCG	
Polio		Cholera		Meningococcal	
Swine flu (H1N1) vaccine		Hepatitis B		Japanese Encephalitis	
Pneumovax		Hepatitis A		Q fever	
Measles / Mumps / Rubella		Gardasil (cervical cancer)		Rabies	
Varicella (chicken pox)		Seasonal flu vaccine		Yellow fever	