

THORNEY MEDICAL PRACTICE Travel Advice Request

Personal details					
Name			Date of birth		
			Male [] Female []		
Easiest contact telephone number					
Dates of trip					
Date of departure					
Return date or overall length of trip					
Itinerary and purpose of visit					
Countries to be visited and exact location		Length of stay		Away from medical help at destination, if so, how remote?	
1.					
2.					
3.					
Please tick as 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 home		Other
4. Travelling	Alone		With family/friend		In a group
5. Staying in an area which is	Urban		Rural		Altitude
6. Planned activities	Safari		Adventure		Other
Personal medical history					
Do you have any allergies for example to eggs, antibiotics, nuts or latex					
Have you ever had a serious reaction to a vaccine given to you before?					
Do you or any close family members have epilepsy?					
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
Women only: Are you pregnant or planning pregnancy or breastfeeding?					
Vaccination history					
Have you ever had any of the following vaccinations/malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria Tablets					

Please telephone the surgery 2/3 days after handing this form in to enquire about possible vaccinations and to book appointments where needed. It is advisable to have your vaccinations 6 to 8 weeks before travel.