

Sturminster Newton Medical Centre Travel Advice Sheet

You have requested an appointment for travel health advice. To ensure we give you the best advice we need information about your trip and your previous vaccine history. Please take some time to fill out the following questions:

Name and Date of Birth

Today's date

Do we hold ALL your medical and vaccine records? Yes No

Your itinerary - give details of places to be visited within each country (Do not state "India" or "Africa")

Date departing the UK: _____ for how long _____

Country and areas/cities to be visited	Arrival date	Accommodation (hotel/camping)	Activity (Business/leisure)
1			
2			
3			
4			
5			

Any unusual risks? (eg: war zone, disaster relief) Yes No

Please state:

Medical details:

- Do you have an egg allergy? Yes No
- Do you have any other allergies? Yes No

P.T.O

- Have you had a previous vaccine reaction? Yes No
- Have you recently taken steroids or had cancer treatment? Yes No
- Do you have any problems with your immunity (such as HIV) Yes No
- Are you pregnant or planning pregnancy? Yes No
- Do you have a history of depression or other mental illness? Yes No
- Are you taking Warfarin? Yes No
- Have you ever had a Thymus gland problem? Yes No

Do you have any particular concerns about your health and travel? Yes No
 If Yes, please give details

Vaccine History - please indicate if you have had any of these vaccines

Vaccine	Yes	No	Don't know	Date of last vaccine
Tetanus				
Diphtheria				
Polio				
Measles or MMR				
Influenza				
Hepatitis A				
Typhoid Fever				
Meningitis ACYW				
Hepatitis B				
Rabies (course of 3)				
Japanese encephalitis				
Yellow fever				
Cholera				
Tick borne encephalitis				

Have you ever had a side effect to malaria medication?

If you have never taken it then circle "No" Yes No

Please hand this form to reception and make an appointment to see the nurse. If no vaccinations are required a member of staff will contact you to cancel your appointment.