

Travel Form for Parsons Heath Medical Practice

Full Name	
Date of Birth	
Daytime Phone No	
Alternate Phone No	

Departure Date	
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Holiday Details

Destination 1		No of Days there	
Destination 2		No of Days there	
Destination 3		No of Days there	
Destination 4		No of Days there	

Accommodation Type Tick all that apply

Tourist Hotel	
With friends/family	
Basic local accommodation	
Camping	
Cruise Ship	

Where will you be visiting? Tick all that apply

Coastal Areas	
Inland Areas	
Remote Areas	
Remote areas include those with poor communication and no medical facilities.	

Have you ever had any of the following vaccinations? Please tick all that apply

Hepatitis A		Hepatitis A and B	
Hepatitis B		Tetanus	
Typhoid		Polio	
Yellow Fever		Childhood Vaccinations including polio and diphtheria	

Have you a history of or do you suffer from any of the following?
Please tick all that apply

Depression	
Epilepsy	
Heart Disease	
Psychiatric Illness	
Other chronic illness Please specify	

Have you ever taken any antimalarials? If so which ones? Were there any problems?

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Are you on any medication? If so what?

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Are you allergic to anything? If so what?

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Are you or could you be pregnant? Are you planning a pregnancy? Are you breastfeeding?

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Signature	
Date	