

Greens Norton Medical Centre

Travel Consultation Record Card

Date of appointment _____ Name _____

Date of Birth _____ Age _____

Travel Itinerary Date of departure _____	Previous/Current Medical History	
Destination(s) and duration of stay _____	_____	
_____	_____	
_____	Allergies to any other drugs or food? _____	
Type of Holiday Holiday / Business / Other details _____	Current medication _____	
Accommodation Hotel (__star) / Hostel / Family Home etc _____	_____	
High Risk Activities	Steroids: Y/N _____	Oral Contraception: Y/N _____
_____	HIV: Y/N _____	
_____	Previous reaction to any vaccines: Y/N _____	
_____	Feels faint with injections: Y/N _____	

Previous Vaccination History (please give dates) DATES	Recommended Vaccines (To be completed by Practice Nurse at initial appointment)
Tetanus	Tetanus/Diphtheria
Diphtheria	Polio
Polio	Typhoid
Typhoid	Hepatitis
Hepatitis A 1 st or Bst	Hepatitis B
Hepatitis B 1 st 2 nd 3 rd 4 th	Meningitis
Meningitis	Yellow Fever
Yellow Fever	Other
Other	

I have no reason to think that I might be pregnant. I am well today. I have received information on the risks and benefits of the vaccines recommended and I have had the opportunity to ask questions

Signed _____