



# HOVETON & WROXHAM MEDICAL CENTRE - TRAVEL CLINIC

MR/MRS/MI INITIALS  SURNAME  D.O.B.

ADDRESS

POST CODE  TEL NO

Are you registered as a patient with the practice Yes / No

**JOURNEY DESCRIPTION:** Please fill in the main countries you will be travelling to. Please code your likely living conditions using the key below:

1 - hotels only. 2 - hotels with safari. 3 - safari and camping. 4 - backpacking. 5 - visiting family/friends. 6 - cruise, 7 - other

Countries to be visited	Date of Arrival - Day/Month/Year	Journey Code
	Date of Return to UK:	Total Weeks Away:
	Main Reason for Journey:	

HEALTH CHECK:	YES/NO	YES/NO
Have you been unwell recently?		Are you on treatment for cancer?
Have you had any allergic reactions in the past?		Are you on steroid treatment?
		Do you suffer any long standing illness, heart, kidney, thyroid, thymus or liver complaint?
<b>Are you allergic to:</b>		Do you suffer from psoriasis?
Antimalarial drugs?		Do you have a history of depression or receive treatment for a psychiatric disorder?
Sulphonamides/antibiotics?		Are you on regular medication?
Eggs or chicken?		Please let the nurse know if you may be
Are you, or likely to be, pregnant or breast feeding?		HIV positive
Have you had epilepsy or convulsions?		

## Medical History and Vaccination History

### Medical History

--

### Vaccination History

Vaccine	When vaccinated	Vaccine	When vaccinated
Polio		Malaria	
Tet/Dip		Cholera	
Hep A		Meningitis	
Typhoid		Japanese En	
Yellow Fever		Rabies	
Hep B			

I agree to make a full payment for services provided and for the information being confidentially used for Medical research.

Signed  
Patient  
Date

Signed  
Nurse / GP

Date

**Please note if you do not attend for your booked travel clinic appointment you may incur a charges**

**Please ask reception for a list of charges**