|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name:  Address: | | Date of Birth: | | | | |
| Male Female | | | | |
|
| Email: | | Mobile Number: | | | | |
| **Please supply information about your trip in the sections below** | | | | | | |
| Date of Departure: | | Total Length of trip: | | | | |
| **Country to be visited Exact country or region City or Rural Length of stay** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Have you taken out Travel Insurance for this trip? **Yes /No**  Do you plan to travel abroad again in the future? **Yes /No** | | | | | | |
| **Type of travel and purpose of trip – Please tick all that apply** | | | | | | |
| Holiday Pilgrimage  Additional Information:  Business Trip Medical Tourism  Expatriate Backpacking  Volunteer Work Camping/hostels  Healthcare Worker Adventure  Staying in a hotel Diving  Cruise ship trip Visiting Friends and Family  Safari | | | | | | |
| **Please supply details of your personal medical history** | | | | | | |
|  | | | **Yes** | **No** | | **Details** |
| Any allergies including food, latex or medication | | |  |  | |  |
| Severe reaction to a vaccine before | | |  |  | |  |
| Tendency to faint with injections | | |  |  | |  |
| Any surgical operations in the past , including e.g. your spleen or thymus gland removed | | |  |  | |  |
| Recent chemotheraphy/radiotherapy/organ translplant | | |  |  | |  |
| Bleeding/clotting disorders (including history of DVT) | | |  |  | |  |
| HIV/AIDS | | |  |  | |  |
| Immune system condition | | |  |  | |  |
| **Please supply information on any vaccines or malaria tablets taken in the past and when it was taken** | | | | | | |
| Tetanus/Polio/Diptheria | MMR | | | | Influenza | |
| Typhoid | Hepatitis A | | | | Pnuemococcal | |
| Cholera | Hepatitis B | | | | Meningitis | |
| Rabies | Japenese Encephalitis | | | | Tick-borne Enchephilitis | |
| Yellow Fever | BCG | | | | Other | |
| Malaria Tablets |  | | | | | |
| Additional Information | | | | | | |

**Travel Risk Assessment**