|  |  |
| --- | --- |
| 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 PilgrimageAdditional Information:Business Trip Medical TourismExpatriate BackpackingVolunteer Work Camping/hostelsHealthcare Worker AdventureStaying in a hotel DivingCruise 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**