

Morningside Medical Practice
Travel Assessment Form

To enable us to advise you effectively on the vaccinations required for travel, please complete this form at **least 6 weeks** before you plan to go away. At present we only provide vaccinations covered by the NHS and not those requiring private prescription such as Rabies, Japanese Encephalitis, Yellow Fever and Tick Borne Encephalitis, Hepatitis B (for travel or occupational purposes) If these are required for the area you are travelling to, you may need to consult one of the specialised travel clinics available.

NAME:	DATE OF BIRTH:
PLANNED DATE OF TRAVEL:	
DURATION OF STAY:	
Telephone Number	Mobile
Which country do you intend to visit? Please also give details of planned stop-overs	
1. Country:	
TOWN/AREA to be visited :.....	
2. Country:	
TOWN/AREA to be visited:	
please continue over the page if required	
1. Will you be staying in: HOTELS Y/N CAMPING Y/N HOSTEL Y?N	
2. Do you plan any safaris, jungle exploration or travel in difficult terrain? Please give details:	
3. Will you be staying anywhere which is more than 24 hours from medical care?	
4. Have you ever had any of the following vaccines. If so when Hepatitis A Typhoid Polio/Diphtheria/Tetanus	
5. Were you born/and or lived some time outside the UK?	
6. Are you allergic to anything? Please specify	
7. Please list any medication currently being taken	
8. Have you ever had or do you have any significant heart disease or other chronic illness	
9. Are you pregnant. or breastfeeding?	

Patient signature.....Date.....