

TRAVEL ADVICE CLINIC SHEET
PLEASE BRING DETAILS OF PREVIOUS VACCINATIONS WITH YOU

Please complete the following section as fully as possible

Name				Daytime contact number				Date of birth		UHS Number		
Past family history (if known)						Medication being taken						
Current/past medical history												
Liver disease	Y	N	Epilepsy	Y	N	Anxiety or depression	Y	N	Women Only		Y	N
Kidney disease	Y	N	Diabetes	Y	N	Bleeding disorders	Y	N	Are you breast feeding		Y	N
Immunosuppressed HIV positive	Y	N	Asthma	Y	N	Other			Are you planning a pregnancy		Y	N
Food Allergies				Drug Allergies				Is there a risk you may be pregnant		Y	N	
								Are you taking the contraceptive pill		Y	N	

TRAVEL DETAILS – Please continue on another sheet for round the world or 5+ destinations

Destinations (including Stop-overs – state if urban or rural)	Date of departure	Length of stay	Accommodation/ Mode of transport	Purpose of trip/risks/rural/urban/hazardous sports or activities (Please list)

For staff use only

Source of advice used: Traveller/Pulse/Mentor/FFT/other.....

Vac	Vac Advised/ Required	Type and date Previous Vac	Outcome ID/FC/B/PP	Side effects discussed	Comments	Schedule					
						1	2	3	4	5	6
Tet											
Dip											
Pol											
Typh											
Hep A											
Hep B											
Meng A&C											
YF											
Rabies											
Jap Enc											
Tic Borne											
BCG											

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SPECIFIC RISKS (tick if advised)

Rabies		Schistosomiasis		Dengue fever		Japencephalitis	
Tickborne encephalitis		Onchocerciasis		Leishmaniasis		Ebola	
Gut parasites/diarrhoea/dysentery		Cholera		Other		Avian flu	

General healthcare abroad (advice given) – tick

Clothing		Water		Food/hygiene		Heat		Sunshine		Thirst		Dehydration	
Animal bites		Insect bites		Water sports		Other sports		Activities		Work risks		Accidents	
Alcohol		Extreme sports		Safety		Other (please list)							

MALARIA PROPHYLAXIS – Country/Area	Risk (Y/N)	Choice of Rx	
		Mefloquine	
		Proguanil	
		Chloroquine	
		Doxycycline	
		Malarone	
		other	
Malaria Treatment requested by patient (Comments)		Own supply	OTC RX
Days of exposure		Before	During After
Supply needed (total weeks)		Total =	
	Y	N	Comments
Bite avoidance			
Contraindication checked			
Risks/side effects/benefits discussed			
Preg/PCC advice			
DRUGS NEEDED WHILE ABROAD			
Dentistry – pre visit check up			
Medical insurance E111/private			
Hep B/HIV/Hep C advice given			
Sex/contraception/safe sex advice given (condom/OC)			
FCO safety advice given			
First aid kits advised			
Syringe/needle kit			
Flight Advice (DVT)			
Traveller printout			
Post Travel advised			
Additional travel/advice			

Signature of Nurse:.....Date:.....