



TRAVEL HEALTH

Pre-travel Clinic Record



		Health Travel Booklet given? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Name:	Unit No.	DOB: <table border="1" style="display: inline-table; text-align: center; width: 100px; height: 20px;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
D	D	M	M	Y	Y						
Patient's address:		GP name:									
		Address:									
Postcode:		Postcode:									
Tel no.		Tel no.									
Medical history:											
Current health problems:		Current medication:									
Allergies:		Pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> No. of weeks <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>									
TRAVEL DETAILS: (in order first to last) Date of departure: <table border="1" style="display: inline-table; text-align: center; width: 100px; height: 20px;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr> </table> Total duration: <table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				D	D	M	M	Y	Y		
D	D	M	M	Y	Y						
Destination(s): <small>(Record no. of weeks in box)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Type of trip (please tick all that apply)			Areas to be visited	Accommodation							
Package holiday <input type="checkbox"/> Immigration <input type="checkbox"/> Voluntary/charity work <input type="checkbox"/> Cruise <input type="checkbox"/> Organised adventure holiday <input type="checkbox"/> Elective/Student <input type="checkbox"/> Business < 3 months <input type="checkbox"/> Backpacking <input type="checkbox"/> Aid worker <input type="checkbox"/> Business > 3 months <input type="checkbox"/> Visiting family and friends <input type="checkbox"/> Self organised <input type="checkbox"/>			Urban <input type="checkbox"/> Rural <input type="checkbox"/> Altitude > 3000m <input type="checkbox"/> Beach <input type="checkbox"/>	Good <input type="checkbox"/> Basic <input type="checkbox"/> Poor <input type="checkbox"/> Not known <input type="checkbox"/>							
Occupation/activities abroad:		Subsequent notes									
		Date									
Risks discussed:		Date									
	Yes	No	N/A								
Bite avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Food/water hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Blood borne viruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Schistosomiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Insurance/accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date							
Sun protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
please specify below:											