|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: Click or tap here to enter text. | | | | | Date of Birth: Click or tap here to enter text. | | | | | | |
| Male  Female | | | | | Mobile No: Click or tap here to enter text. | | | | | | |
| Telephone No: Click or tap here to enter text. | | | | | E mail:Click or tap here to enter text. | | | | | | |
| **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW** | | | | | | | | | | | |
| Date of departure\*: Click or tap here to enter text. | | | | | Total length of trip: Click or tap here to enter text. | | | | | | |
| **COUNTRY TO BE VISITED** | **EXACT LOCATION OR REGION** | | | | **CITY OR RURAL** | | | | | | **LENGTH OF STAY** |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | Click or tap here to enter text. |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | Click or tap here to enter text. |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | Click or tap here to enter text. |
| Have you taken out travel insurance for this trip? Click or tap here to enter text.  Do you plan to travel abroad again in the future? Click or tap here to enter text. | | | | | | | | | | | |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY** | | | | | | | | | | | |
| Holiday  Business trip  Expatriate  Volunteer work  Healthcare worker | | Staying in hotel  Cruise ship trip  Safari  Pilgrimage  Medical tourism | | | | | | Backpacking  Camping/hostels  Adventure  Diving  Visiting friends / family | | | |
| Additional information: Click or tap here to enter text. | | | | | | | | | | | |
| **PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY** | | | | | | | | | | | |
|  | | | | **YES** | | | **NO** | | **DETAILS** | | |
| Are you fit and well today | | | |  | | |  | | Click or tap here to enter text. | | |
| Any allergies including food, latex, medication | | | |  | | |  | | Click or tap here to enter text. | | |
| Severe reaction to a vaccine before | | | |  | | |  | | Click or tap here to enter text. | | |
| Tendency to faint with injections | | | |  | | |  | | Click or tap here to enter text. | | |
| Any surgical operations in the past, including e.g. your spleen or thymus gland removed | | | |  | | |  | | Click or tap here to enter text. | | |
| Recent chemotherapy/radiotherapy/organ transplant | | | |  | | |  | | Click or tap here to enter text. | | |
| Anaemia Bleeding /clotting disorders (including history of DVT) | | | |  | | |  | | Click or tap here to enter text. | | |
|  | | | | **YES** | | | **NO** | | **DETAILS** | | |
| Heart disease (e.g. angina, high blood pressure) | | | |  | | |  | | Click or tap here to enter text. | | |
| Diabetes | | | |  | | |  | | Click or tap here to enter text. | | |
| Disability | | | |  | | |  | | Click or tap here to enter text. | | |
| Epilepsy/seizures | | | |  | | |  | | Click or tap here to enter text. | | |
| Gastrointestinal (stomach) complaints | | | |  | | |  | | Click or tap here to enter text. | | |
| Liver and or kidney problems | | | |  | | |  | | Click or tap here to enter text. | | |
| HIV/AIDS | | | |  | | |  | | Click or tap here to enter text. | | |
| Immune system condition | | | |  | | |  | | Click or tap here to enter text. | | |
| Mental health issues (including anxiety, depression) | | | |  | | |  | | Click or tap here to enter text. | | |
| Neurological (nervous system) illness | | | |  | | |  | | Click or tap here to enter text. | | |
| Respiratory (lung) disease | | | |  | | |  | | Click or tap here to enter text. | | |
| Rheumatology (joint) conditions | | | |  | | |  | | Click or tap here to enter text. | | |
| Spleen problems | | | |  | | |  | | Click or tap here to enter text. | | |
| Any other conditions? | | | |  | | |  | | Click or tap here to enter text. | | |
| Are you pregnant? | | | |  | | |  | | Click or tap here to enter text. | | |
| Are you breast feeding? | | | |  | | |  | | Click or tap here to enter text. | | |
| Are you planning pregnancy while away? | | | |  | | |  | | Click or tap here to enter text. | | |
| Have you undergone FGM / been cut / circumcised | | | |  | | |  | | Click or tap here to enter text. | | |
| **Are you currently taking any medication** (including prescribed, purchased or a contraceptive pill)?Click or tap here to enter text. | | | | | | | | | | | |
| **PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST (dates / no of doses)** | | | | | | | | | | | |
| Tetanus/polio/ diphtheria1Click or tap here to enter text. | | | Hepatitis A1Click or tap here to enter text. | | | | | | | Typhoid1Click or tap here to enter text. | |
| Cholera1 Click or tap here to enter text. | | | MMR Click or tap here to enter text. | | | | | | | PneumococcalClick or tap here to enter text. | |
| Influenza  Click or tap here to enter text. | | | Hepatitis B  Click or tap here to enter text. | | | | | | | Meningitis  Click or tap here to enter text. | |
| Rabies Click or tap here to enter text. | | | Japanese Encephalitis Click or tap here to enter text. | | | | | | | Tick Borne Encephalitis Click or tap here to enter text. | |
| Yellow fever: Click or tap here to enter text. | | | | | | BCG: Click or tap here to enter text. | | | | | |
| Other Click or tap here to enter text. | | | | | | | | | | | |
| **Malaria Tablets** Click or tap here to enter text. | | | | | | | | | | | |
| **Any additional information** | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | |