

**LANTERN SURGERY**

**Travel Vaccinations**

**PRIVATE AND CONFIDENTIAL**

To help us advise you on the protection you need for your intended trip abroad please complete this form as fully as possible prior to your appointment and bring it with you.

**Better still please fax it to 0208 398 9825.**

Thank you.

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**Your Name**

**Telephone number/ extension**

**Date of birth                      Age**

1. **Your departure date**
  
2. **Likely duration of your trip**
  
3. **Primarily business or holiday?**
  
4. **Which countries are you traveling to - or *MAY* travel to?**
  
  
5. **Will you be staying in hotels or under more primitive conditions (eg camping)?**
  
  
6. **Do you plan any safaris, jungle exploration or travel in difficult or isolated terrain?**
  
  
7. **Are you allergic to anything?**

**8. Are you on any medications/ inhalers/ contraceptive pill?**

**9. Is there any likelihood you could be pregnant?**

**10. Have you ever had or are you suffering from heart disease or other chronic illness?**

**11. As far as you know which of the following vaccinations have you had and when**

- **Tetanus**
  
- **Diphtheria**
  
- **Polio**
  
- **Hepatitis A**
  
- **Typhoid**
  
- **Yellow Fever**
  
- **Hepatitis B**
  
- **Rabies**
  
- **Meningitis ACWY**
  
- **BCG (for tuberculosis)**
  
- **others?**

If you are uncertain but have any records at all please bring them to the appointment.

**8. What antimalarial medication have you taken in the past, if ever?**

- eg.  
**Lariam/ Mefloquine**
  
- Doxycycline**
  
- Paludrine/Chloroquine**
  
- Malarone**