



Travel Vaccinations
Tropical Medical Bureau

Surname: First name:

Male/Female..... Date of Birth:

Address:.....

.....

Phone No: Email:

Country of Birth:

Occupation:.....

Proposed Countries (including resorts/cities & stopovers)

.....

.....

Reason for trip: Business/Holiday/Assignment/Trekking (please circle)

Other.....

Main type of accommodation: Hotel/Hostel/Camping (please circle)

Other:

Date of Departure: Duration:

Any past Medical Conditions:

.....

Are you on any medications(s)? If yes please specify:

Are you under medical care for any condition?
If yes please specify:

Are you pregnant: Yes / No or planning a pregnancy within the next six months.....

Form of contraceptive?

If you had any travel vaccines over the past 10 years? Yes / No

If yes please state.....

Following discussion, I hereby consent to the administration of vaccine(s) as recommended by the Doctor

Can we contact you your about your upcoming appointments via text message Yes / No

Can we send you a reminder via text for any booster vaccines that may be due Yes / No

Signature..... Date.....

Signature of Parent/Guardian if under 16 years of age.....

PLEASE CIRCLE THE FOLLOWING
Diabetes?..... Yes / No
Epilepsy?..... Yes / No
Neurological problems?..... Yes / No
Asthma?..... Yes / No
Heart problems?..... Yes / No
Seizures?..... Yes / No
Liver Disorders?..... Yes / No
Depression?..... Yes / No
On Steroids?..... Yes / No
Immune Suppression?..... Yes / No
Allergy to Eggs?..... Yes/ No
Any known Allergies?..... Yes / No
Psychiatric Illness?..... Yes / No