



Recommended Vaccines

Name:	
Address:	
Date of Birth:	
Contact/Tel:	

Destination	Length of stay
1.	
2.	
3.	
4.	

Anti-Malarials

	4/5 Star hotel	Other hotel / guest-house/hostel	Relatives / friends	Camping / sleeping rough	Safari lodge	Other
1.						
2.						
3.						
4.						

Any Current or Chronic Medical Conditions? Are you currently well? Yes/No	
Are you taking any medication(s)?	
Any known allergies? Allergy to eggs or chicken protein, antibiotics, or previous reaction to vaccine?	
Pregnant? or planning a pregnancy?	
Any other factors for consideration? (e.g. immunosuppressed, on steroids, splenectomy, radiotherapy, chemotherapy or immunosuppressive treatment)?	
Any recent vaccinations (within last month) e.g TB, Yellow fever, MMR ?	

Recommended Vaccines

VACCINATION	Area 1	Area 2	Area 3	Batch No. / Expiry Date	Date Given	Nurse's signature
Diphtheria / Tetanus / Polio						
Polio						
Dip / Tet						
Hepatitis A						
Hep A / Typhoid						
Typhoid						
Meningococcal ACWY						
Yellow fever						
Hep B						
Rabies						
Japanese encephalitis						
Tick-borne encephalitis						
Mantoux						
BCG						
Influenza						
Other						

Anti-Malarials

Recommended Drugs	No. week / tablets	Dose (Weekly)	Dose(Paed)	Supplied
Chloroquine		300mg. Weekly		
Proguanil		200mg Daily		
Mefloquine		250mg Weekly		
Doxycycline		100mg Daily		
Malarone		250/100mg Daily		

Payments	Date /Amount	Date /Amount	Date / Amount
Cash			
Cheque			
Credit Card			

