#

**PERSONAL AND ITINERARY DETAILS**

|  |  |
| --- | --- |
| Date of departure: | Date of Return: |
| Surname: | First Name: |
| Date of Birth: | Country of Origin: |

**TRAVEL PLANS**

|  |  |  |
| --- | --- | --- |
| **Countries to be visited** *(list)****:*** | **Dates:** from to  | **Visiting a rural area?** |
| **Purpose of travel** *(circle one)****:*** | Holiday | Business | Education |
| **Type of accommodation** *(circle one)****:*** | Budget/backpacking  | Camping  | Staying with friends/relatives |
| Hotel | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Special activities:** | *e.g. diving, climbing, cycling, sport, healthcare worker, missionary, volunteer:* |

**MEDICAL HISTORY**

|  |
| --- |
| Did you miss any of your childhood vaccinations? |
| Any past or current medical problems including jaundice, hepatitis, immune deficiency, neurological problems, heart disease, abnormal blood clotting, anxiety, depression, mental illness: |
| Have you been hospitalised in the last six weeks? |
| Any known allergies?* Food:
* Insect Bites:
* Medications:
* Other substances:
 |
| Are you taking any current medications, including prescribed, over the counter or herbal? |
| Do you have any particular health concerns regarding this trip? |

**WOMEN ONLY**

|  |
| --- |
| Are you currently pregnant? |
| Are you planning to become pregnant within three months of your return? |
| Are you currently breast feeding?  |