

PRE TRAVEL HEALTH RECORD (Page 1)

Patient Name: _____ Date of Birth: ___ / ___ / ___

Patient Address: _____

Nature of Travel: (Please tick box)

Tourist Business NGO Volunteer

Modes of Transport: (Please tick as many as appropriate)

Aeroplane Car Motorbike Boat (Ocean/River)

Activities Planned: (Please tick as many as appropriate)

Tourist

Adventure: Water Based Jungle Based Animal Contact

Destinations

Country	City/Town	Urban/Rural	Duration of stay (days/weeks)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PTO >

PRE TRAVEL HEALTH RECORD (Page 2)

Past Vaccination History:

	recorded	date		recorded	date
Hepatitis A	_____	_____	Tetanus	_____	_____
Hepatitis B	_____	_____	BCG	_____	_____
Diphtheria	_____	_____	Rabies	_____	_____
Typhoid	_____	_____	Japanese B encephalitis	_____	_____

Past Medical History:

Chronic conditions (those requiring regular medications)

Please list:

Allergies: (Please tick box)

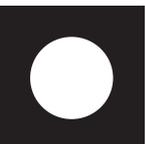
Eggs Antibiotics Vaccines

Gynaecological History: (Please tick box)

Current pregnancy

Pregnancy likely in next 3 months

Currently breast feeding



**Calderwood
Family
Clinic**

a| 28 Sion Hill Road,
Drumcondra,
Dublin 9

t| +353 1 507 9500
f| +353 1 507 9501
e| info@calderwoodfamilyclinic.ie
w| calderwoodfamilyclinic.ie