



PRE-TRAVEL HEALTH RECORD

Patient Name: _____

Date of Birth: ___ / ___ / ____ (Day / Month / Year)

Address: _____

Reason for Travel: (Please tick box)

Tourist Business NGO Volunteer

Activities Planned: (Please tick as many as appropriate)

Tourist

Adventure: Jungle Based Water Based Animal Contact

Transport Type: (Please tick as many as appropriate)

Car Bus Plane Train Motorbike Bike Boat

Destinations:

Country	City / Town	Urban / Rural	Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Past Vaccination History:

	Recorded	Date		Recorded	Date
Hepatitis A	_____	_____	Tetanus	_____	_____
Hepatitis B	_____	_____	Rabies	_____	_____
Diphtheria	_____	_____	Japanese B	_____	_____
			Encephalitis	_____	_____
Typhoid	_____	_____	BCG	_____	_____

Patient Signature: _____ Date: ___ / ___ / ____ (Day / Month / Year)