

Personal details						
Name:			Date of birth: Male [] Female []			
Easiest contact telephone number						
E mail						
Dates of trip						
Date of Departure						
Return date or overall length of trip						
Itinerary and purpose of visit						
Country to be visited		Length of stay		Away from medical help at destination, if so, how remote?		
1.						
2.						
Future travel plans						
Please tick as appropriate below to best describe your trip						
1. Type of trip	Business	<input type="checkbox"/>	Pleasure	<input type="checkbox"/>	Other	<input type="checkbox"/>
2. Holiday type	Package	<input type="checkbox"/>	Self organised	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>
	Camping	<input type="checkbox"/>	Cruise ship	<input type="checkbox"/>	Trekking	<input type="checkbox"/>
3. Accommodation	Hotel	<input type="checkbox"/>	Relatives/family home	<input type="checkbox"/>	Other	<input type="checkbox"/>
4. Travelling	Alone	<input type="checkbox"/>	With family/friend	<input type="checkbox"/>	In a group	<input type="checkbox"/>
5. Staying in area which is	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Altitude	<input type="checkbox"/>
6. Planned activities	Safari	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Other	<input type="checkbox"/>
Personal medical history						
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)						
List any current or repeat medications						
Do you have any allergies for example to eggs, antibiotics, nuts?						
Have you ever had a serious reaction to a vaccine given to you before?						
Does having an injection make you feel faint?						
Do you or any close family members have epilepsy?						
Do you have any history or mental illness including depression or anxiety?						
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?						
Women only: Are you pregnant or planning pregnancy or breast feeding?						
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?						
Please write below any further information which may be relevant						