TRAVELLER
PATIENT INFORMATION FORM

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PERSONAL INFORMATION

Title / Surname		Postal Address	
Given Names			
ID Number			
Occupation			
Doctor's Name & Tel		Telephone (W)	
		(H)	
Email Address		(Cell)	

TRAVELS DETAILS

Countries to be visited	Departure Date	Length of stay	Type of areas to be visited		Reason for Travel	
			Urban	*Rural*	*Business*	*Leisure*
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

Type of Accommodation *Hotel* ☐ *Self Catering* ☐ *Camping* ☐ *Friends / Relatives* ☐ *Construction Camp* ☐ *Other* ☐

Activities Will you be climbing, diving, or piloting an aircraft? *Y* ☐ *N* ☐ Do you work at heights or operate machinery? *Y* ☐ *N* ☐

MEDICAL HISTORY: If yes, please provide complete details

Family History	***Y***	***N***		***Y***	***N***
Epilepsy, or any other neurological problem	☐	☐	Psoriaris	☐	☐
Have you ever had / do you have now	☐	☐	Porphyria	☐	☐
Epilepsy or fits of any kind	☐	☐	Hepatitis / Yellow jaundice	☐	☐
Asthma	☐	☐	Surgery	☐	☐
Blood disorder	☐	☐	Removal of spleen	☐	☐
Arthritis	☐	☐	***Have you***	☐	☐
Psychiatric disorder, depression, anxiety etc	☐	☐	Lost more than 5kg in weight in the past 12 months	☐	☐
Cancer or Leukemia	☐	☐	Had a blood test for HIV (no need to provide results)	☐	☐
Chronic Disorder i.e. heart disorder	☐	☐	Are you pregnant	☐	☐
High blood pressure	☐	☐	***Medication: Are you***	☐	☐
Indigestion	☐	☐	On any medical treatment	☐	☐
Kidney problems	☐	☐	Taking cortisone	☐	☐
Migraine	☐	☐			
Details					

ARE YOU ALLERGIC TO ANY OF THE FOLLOWING: If yes, please provide complete details

	Y	***N***		***Y***	***N***	Details
Eggs / Chicken	☐	☐	Antibiotics	☐	☐	
Anti malarial drug	☐	☐	Other allergies	☐	☐	
Sulphonamides	☐	☐				

IMMUNIZATIONS

When were you last immunized?	***Date***		***Date***		***Y***	***N***
Polio		Rabies		Have you had a reaction to immunizations?	☐	☐
Tetanus		Japanese B (Encephalitis)		If yes, please state to which immunization and the nature		
Cholera		Hepatitis A		of the reaction.		
Diphteria		Hepatitis B				
Typhoid		Meningitis				
Yellow Fever		Other				

SIGNATURE	DATE