

Pre-Travel Planner

| Activities | | |
|-----------------------------|-------------------|----------|
| Activity | Yes (Y) or No (N) | Comments |
| Solo Traveller | | |
| With Partner or Friend/s | | |
| Business Trip | | |
| Family with Children | | |
| Escorted Tour | | |
| Pilgrimage | | |
| Trekking | | |
| Safari | | |
| Jungle Trek | | |
| High Altitude | | |
| Diving | | |
| Sailing | | |
| Cycling | | |
| Motorbike | | |
| Volunteering | | |
| Working overseas + 3 months | | |
| Sport- specify | | |
| Other- specify | | |

Your Health

| Issue | No | Yes-comment |
|--|----|-------------|
| do you have any allergies? | | |
| Are Immunocompromised? e.g. taking steroids, chemo, immunosuppressants or active cancer, HIV, bone marrow transplant, Splenectomy | | |
| Do you have a personal or strong family history of leg or lung blood clots? | | |
| Diabetes? On insulin or other injectable medication? | | |
| Do you have Asthma? COPD. Do you required a CPAP, need O2? | | |

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| Issue | No | Yes-comment |
|---|----|-------------|
| Special Medication: Are you currently taking or have taken Warfarin, sleeping tablets, anti-anxiety me pills. | | |
| For Women: Are you pregnant? Breastfeeding | | |
| For Men or Women: Planning to conceive within 3 months of return from travel? | | |

Vaccine History

1) Have you missed any of your childhood/scheduled vaccines? No Yes

If yes, please state which vaccines missed: _____

2) Have you had the COVID vaccines? No Yes

If Yes, How many doses? _____ Date of last dose: _____

3) Have you had the Flu vaccine? ? No Yes

If Yes, Date of last dose: _____

Past Travel Vaccines

Please list any previous travel vaccines you have had below.

| Vaccine | Date: | Date of any Booster | Did you experience any side effects? Yes (Y) or No (N) |
|---------|-------|---------------------|---|
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