



Details of person under 16:

Surname:		First name:	
Address:			
Postcode:		Gender:	
Contact no:		Date of birth:	
Age:		GP contact no:	
Name & address of GP:			
	Postcode:		

Details of parent/guardian:

Surname of parent/guardian:		First name of parent/guardian:	
Relationship to client		Mobile number:	
Address:			
Postcode:		Email:	

ITINERARY & PURPOSE OF VISIT

Country/countries to be visited	Departure Date	Length of trip	Reason for trip: Holiday/Business/ Study/Volunteering/Sport

LOCATION AND ACCOMMODATION – Please tick all that apply

Location	Tick	Type of trip	Tick	Type of accommodation	Tick
Coastal/ river areas		Backpacking		All-inclusive package	
Inland/rural areas		Organised trip		4 /5 * Hotels	
Urban areas		Independent travel		Other hotels / guest houses/ hostels	
Safari		Pilgrimage			
Jungle		Visiting friends/relatives		Safari Lodge	
High altitude		Healthcare elective		Camping/sleeping rough	
Remote locations		School trip		Friends / Relatives	
Areas of civil unrest		Sport related		Cruise ship/boat	

VACCINATION HISTORY: Please provide details of past vaccinations (date/year). B = booster

Vaccine	Date/s	Vaccine	Date/s	Vaccine	Date/s
Tetanus		Diphtheria		Polio	
Rabies	1 st 2 nd 3 rd B	Hepatitis A	1 st 2 nd B	Hepatitis B	1 st 2 nd 3 rd B
MMR		Yellow Fever		Typhoid	
Cholera		BCG		Meningitis ACWY	
Japanese B Encephalitis	1 st 2 nd	Tick Borne Encephalitis	1 st 2 nd	Childhood vaccinations up to date	Yes/No

MEDICAL HISTORY: Please answer the following questions, or on behalf of the 'under 16':

Question	Answer	Details
Do you have any medical conditions?	Yes/No	
Are you taking any medication? If yes, please give details.	Yes/No	
Have you received any live vaccinations in the past 3 months?	Yes/No	
Have you received radiotherapy, chemotherapy or steroid therapy in the past year?	Yes/No	
Are you taking any medication that affects your immune system? Please give details.	Yes/No	
Do you have a condition that affects your immune system eg HIV?	Yes/No	
Do you have any allergies to drugs, substances (eg latex) or foods, including eggs or chicken protein?	Yes/No	
Have you had a serious reaction to a vaccination in the past?	Yes/No	
Does having an injection make you feel faint?	Yes/No	
Females only: Are you pregnant, breastfeeding, or planning to become pregnant?	Yes/No	
Are you fit and well today? (e.g. no acute infection or high temperature)?	Yes/No	

Signature of Parent/Guardian: _____ Date: ____/____/____

Subsequent visits

Date	Has there been any change in health as declared above? If yes, please give details.	Signature

To be completed by Travel Consultant.

Date	Notes	Signature
	Visiting yellow fever endemic areas Yes/No	

Source of advice for all Robens travel risk assessments is 'Travel Health Pro' (NaTHNaC)

To be completed by Travel Consultant

	Course	Date	Date	Date	Date
HEPATITIS B Day 0, 1m,2m & 1yr Day 0, 1m & 6m					
TWINRIX Paediatric: Day 0,1m & 6m					
RABIES Day 0,7 & 28 Day 0, 7 & 21 Day 0, 3, 7 & 12 months					
Japanese B Encephalitis Day 0, & 28 (0.25ml) Day 0 & 28 (0.5ml) Day 0 & 7 – 0.25ml PSD Day 0 and 7 (0.5ml) PSD					
Tick-borne Encephalitis Day 0, 1-3m, 5-12m after 2 nd Day 0, 14 days, 5-12m after 2 nd					

TRAVEL ADVICE AND LEAFLETS GIVEN TO PATIENT/GUARDIAN TRAVEL ADVICE AND LEAFLETS GIVEN TO PATIENT

Vaccine PIL offered		Rabies risk/action		Malaria risk/advice	
Robens travel booklet		Altitude		Food and water precautions	
Post-vaccination advice		Blood borne infections (Hep B/HIV)		DVT prevention	
Mosquito bite prevention _ PHE leaflet given		Sun/heat protection		Country specific information: -Printed -To be emailed	
Sexual health		Traveller's diarrhoea		Insurance	
Zika virus		NaTHNac YF leaflet		Personal safety/security	
Other advice given:					

