



NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

In order to assess your suitability for malarial chemoprophylaxis, please answer the following questions about your health and any medication you are taking.

Condition		Yes/No
Pregnancy	Actual number of weeks pregnant:	
	Planned while on trip or afterwards	
Sickle cell	Disease	
	Carrier	
Thalassaemia	Disease	
	Carrier	
Epilepsy	Patient	
	First degree relative*	
Asplenic		
Liver disease		
Renal failure (state eGFR)		
Diabetes Mellitus		
Cardiovascular	Ischaemic heart disease	
	Arrhythmias	
	Other	
Immunocompromised		
Psoriasis		

\*First degree relatives are included in the risk assessment as a precaution since risk of epilepsy is higher in first degree relatives of those in whom this condition has been diagnosed. A condition in a first-degree relative may not contraindicate the use of an antimalarial, but may influence the choice of drug.

Give details of allergies to drugs or other substances below

Current medication	Yes/No	Comments
Antiarrhythmics		
Anticonvulsants		
Anticoagulants		
Antiretrovirals		
Corticosteroids		
Bupropion (Zyban )		
Other		

Previous antimalarial chemoprophylactic medications taken	Describe any problems

Signature of Traveller: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR COMPLETION BY TRAVEL PROFESSIONAL:**

**Record of malarial advice and supply of chemoprophylaxis:**

Antimalarial	Tick	Date supplied	No.	Batch no	Exp date	Signature
Doxycycline 100mg						
Atovaquone/Proguanil 250mg/100mg						
Malarone 250mg/100mg						
Other						

Advice about taking medication and course duration	Yes/No	Advice re malaria recognition/treatment	Yes/No
Advice about side effects	Yes/No	Advice re bite prevention methods (clothing, repellent, nets, coils/vapourisers, insecticides)	Yes/No

**GP letter given to client**

Name of Travel Consultant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_