-

**Personal Details**

Name: Sex:  Female  Male

Date of Birth: Postcode:

Daytime Tel:

**Trip Dates**

Departure: Duration:

**Itinerary**

Country Duration: Availability of Medical Help ***(i)***

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**Trip Description- please tick all appropriate boxes:**

Purpose of Trip: Business Pleasure Other

Type of Trip: Package Self-Organised Backpacking

 Camping Cruise Ship Trekking

Accommodation: Hotel With Friends/Family In a Group

Travelling: Alone With Friends/Family In a Group

Location Type: Urban Rural Altitude ***(i)***

Activity Type: Safari Adventure Other

**Personal Medical History**

List all chronic medical conditions that you have (e.g. diabetes, heart or lung conditions)

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List all allergies that you have (e.g. eggs, nuts, antibiotics)

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If you have had a serious reaction to a vaccine in the past, which vaccine was it?

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List all of your current medications

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Have you recently suffered from any infection (e.g. heavy cold, flu or high temperature)?  Yes

Do you or any close family member have epilepsy? Yes

Do you have any history of mental illness including depression or anxiety? Yes

Travel Questionnaire

Have you recently undergone radiotherapy, chemotherapy or steroid treatment? Yes

Have you taken out travel insurance? Yes

If you have a medical condition, have you told your insurance company about it? Yes

Are you pregnant, planning pregnancy or breast feeding? Yes

Write below any further information that might be relevant

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