

# The Grosvenor Travel Clinic

Grosvenor Medical Centre  
23 Upper Grosvenor Road  
Tunbridge Wells  
TN1 2DX

Tel : 01892 544777

Fax : 01892 544733

## Your Personal Information

Title:

First Name:

Surname:

Date of Birth:

## Contact Details:

Home Telephone number:

Work Telephone number:

Mobile Telephone number:

## Your GP, Address and Telephone Number:

## Travel Information

Date of Departure:

Date of Return or overall length of trip:

Country to be visited	Length of stay	Away from medical help? If so how remote?
1		
2		
3		
4		

## Personal Medical History

**Past Medical History:**

**Current Medication:**

**Allergies:**

**Have you ever had a serious reaction to a vaccine?**

**Do you have a history of mental illness (including depression or anxiety)?**

**Do you have any history of radiotherapy, chemotherapy or steroid treatment?**

**Are you pregnant or planning a pregnancy?**

**Other information:**

## Vaccination History

Have you ever had any of the following vaccinations and, if so, when?

<b>Tetanus</b>		<b>Polio</b>		<b>Diphtheria</b>	
<b>Typhoid</b>		<b>Hepatitis A</b>		<b>Hepatitis B</b>	
<b>Meningitis</b>		<b>Yellow Fever</b>		<b>Influenza</b>	
<b>Rabies</b>		<b>Japanese Encephalitis</b>		<b>Tick Borne Encephalitis</b>	

**Any Other Vaccinations?**

**Have you ever taken Malarial Tablets? (If so what and when)**