

## **The Crown Medical Centre**

Venture Way, Taunton, TA2 8QY Tel: 01823 282151 Fax: 01823 250179

PRE TRAVEL		Date Received:												
PERSONAL DETAILS: Name						Home Nmb								
Date of birth						Mob Nmb								
Age						Occupation	1							
TRAVEL DET	A II C													
Destination	AILS													
Date of travel														
Journey Purpo	ose													
Travelling with? Alone					Family		rionde			Collogo	7110			
Travelling with? Alone □ Family □ Friends □ Colleague □													<u> </u>	
Please indicat	e typ	e of trip:												
Package		Backpacking			Expedition/Adv	venture		Aid Worker			Cru	iise		
Pilgrimage		Camping			Visiting Friend	s & Family		Char	rity		Сус	cling		
Self-catering		Diving			Climbing/Mour	-		□ Marathon						
Other:				ı	-		u u			ı				
													1	
Will you be in transit in any country before reaching your destination for 12 hours or m  Country Arrival Date Accommodation Style									ore? Yes □ No □ Length of Stay					
Country A			Amvai	Date		Accommodation Style Leng				Jui di Stay				
MEDICAL HIS			unina?							Yes		No		
Do you have any of the following?										162 140		No		
Any history of respiratory illness? E.g. Asthma/COPD Any history of heart disease or high blood pressure?														
Any history of					<u> </u>									
Any history of gastro-intestinal illness, liver or kidney disease?														
Any history of chemotherapy, radiotherapy or steroid treatment?														
					nymus disorder o		?							
Any history of mental health (psychiatric) illness e.g. depression?														
Are you breastfeeding, pregnant or planning a pregnancy?														
Do you have any allergies? If yes, please list														
Are you taking any medication? Prescribed or other? If yes, please list														
Do you have any significant modical history not montioned share? If you are not not to											ı			
Do you have any significant medical history not mentioned above? If yes, please state														
CONSENT:														
Signature of patient							Date							
Signature of parent/guardian														

Partners: Dr L Pendered, Dr A Lambert, Dr T Langston & Dr E Hayes Salaried GP's: Dr K Foot, Dr R Moss, Dr L Huntley & Dr H Jenkins Managing Partner: Mrs C Gregory