

Planning a complex itinerary

Patient name: _____

Start date of trip _____

Remember to refer to medical notes for details of medical history, medication & vaccine history, then review the summary of recommendations on an online database

Destination include if rural, urban, altitude etc. = R, U, A	Duration of stay in weeks	Risky activities *	Vaccines advised	Malaria tablets advised for area

* Examples, contact or adventure sports, casual sex, risk of needing invasive medical care

CONCLUSIONS

Patient contact details / further notes	Vaccines needed	Malaria tablets & no. of weeks required

VACCINE SCHEDULE PLANNING

Wk 1 – Day 0	Wk 2 – Day 7	Wk 3 – Day 14	Wk 4 – Day 21	Wk 5 – Day 28	Wk 6 – day 35