Park Clinic Athy

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Surname: .....First name: .....

Male/Female.....Date of Birth: .....

Address:.....

.....

Phone No: ..... Email: .....

Country of Birth: .....

Occupation:.....

Proposed Countries (***including resorts/cities & stopovers***)

.....

.....

Reason for trip: Business/Holiday/Assignment/Trekking (please circle)

Other.....

Main type of accommodation: Hotel/Hostel/Camping (please circle)

Other: .....

Date of Departure: .....Duration: .....

Any past Medical Conditions:

.....

PLEASE CIRCLE THE FOLLOWING

Diabetes?..... Yes / No

Epilepsy?..... Yes / No

Neurological problems?.....Yes / No

Asthma?.....Yes / No

Heart problems?.....Yes / No

Seizures?.....Yes / No

Liver Disorders?..... Yes / No

Depression?.....Yes / No

On Steroids?.....Yes / No

Immune Suppression?.....Yes / No

Allergy to Eggs?.....Yes/ No

Any known Allergies?.....Yes / No

Psychiatric Illness?.....Yes / No

Are you on **any** medications(s)? If yes please specify: .....

Are you under medical care for **any** condition?
If yes please specify: .....

Are you pregnant: Yes / No or planning a pregnancy within the next six months.....

Form of contraceptive? .....

If you had **any** travel vaccines over the past 10 years? Yes / No

If yes please state.....

Following discussion, I hereby consent to the administration of vaccine(s) as recommended by the Doctor

Can we contact you your about your upcoming appointments via text message Yes / No

Can we send you a reminder via text for any booster vaccines that may be due Yes / No

Signature..... Date.....

Signature of Parent/Guardian if under 16 years of age.....