



**PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY**

	Yes	No	Details
Are you fit and well today			
Any allergies including food, latex, medication			
Tendency to faint with injections			
Severe reaction to a vaccine before			
Any surgical operations in the past, including e.g. your spleen or thymus gland removed			
Recent chemotherapy /radiotherap/organ transplant			
Anaemia			
Bleeding/clotting disorders (including history of DVT)			
Heart Disease (e.g. Angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy/seizures			
Gastrointestinal (Stomach) complaints			
Liver and Kidney Problems			
HIV/AIDS			
Immune System Condition			
Mental Health Issues			
Neurological (Nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen Problems			
Any other conditions?			
Are you pregnant/currently breastfeeding ?			
Are you planning pregnancy while away?			
Have you undergone FGM/ been cut/ circumcised			

Are you currently taking any medication (including prescribed, purchased or the contraceptive pill?)

Any additional Information