



UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Travel Medication Prescription

Infectious diseases

Travel destination(s):

Date of departure:

Age:

Weight:

Duration of travel:

Previous travel:

Routine immunisations:

Other relevant history:

Allergies, previous drug or vaccine reactions:

Infection	Age/ weight	Medication (cross off if not required)	Dose/route (circle)			No.	Dr initial
Malaria	>3m or 5kg	Mefloquine for 2-3 weeks pre, during & 4 weeks post travel	5-15 kg: 62.5 mg 16-30 kg: 125 mg	31-44 kg: 187.5 mg ≥45 kg: 250 mg	PO once per week		
	>11kg	Atovaquone-proguanil for 1-2 days pre, during	250/100 mg	11-20 kg: ¼ tab 21-30 kg: ½ tab	31-40 kg: ¾ tab >40kg: 1 tab	PO daily	
	>5kg	& 7 days post travel	62.5/25 mg	5-7 kg: ½ tab 8-10 kg: ¾ tab	11-20 kg: 1 tab 21-30 kg: 2 tabs	PO daily	
	Other						
Immunisations (circle)	Age	Dose/route (circle)	No.	Dr initial	Given by	Date	
Tuberculin skin test (Mantoux PPD)	All	No TST as no exposure					
		0.1 ml ID					
BCG	<12m	0.05 ml ID					
BCG	≥12m	0.1 ml ID					
Hepatitis A	12m-23m	0.5 ml IM					
Hepatitis A	2y-15y	0.5 ml IM					
Hepatitis A	≥16y	1.0 ml IM					
Hepatitis A and typhoid	≥2y*	1.0 ml IM					
Typhoid injected	≥2y	0.5 ml IM					
Typhoid oral	Day 1, 3, 5 (7)	≥6y	1 capsule PO				
Yellow fever	≥9m	0.5 ml IM					
Meningococcal ACWY conjugate	≥2m	0.5 ml IM					
Meningococcal ACWY polysaccharide	≥2y	0.5 ml SC					
Japanese encephalitis	≥12m	0.5 ml SC					
Japanese encephalitis	Day 1 Day 28	2m-2y*	0.25 ml IM				
			0.25 ml IM				
Japanese encephalitis	Day 1 Day 28	3y*	0.5 ml IM				
			0.5 ml IM				
Influenza	Day 1 Day 28	6m-2y	0.25 ml IM				
			0.25 ml IM				
Influenza	Day 1 Day 28	≥3y	0.5 ml IM				
			0.5 ml IM				
Rabies	Day 1 Day 8 Day 22	No lower age limit	1.0 ml IM				
			1.0 ml IM				
			1.0 ml IM				
Cholera	(Days 1, 8, 15)	2y-6y	1 dose PO				
Cholera	(Days 1, 8,)	≥7y	1 dose PO				
Other immunisation/drug		Dose/route	No.	Dr Initial	Given by	Date	

* Vaccine registered for use in older age groups but can be administered down to this age. **Cross off immunisations not required**

Other advice: Food/water-borne disease Mosquito-transmitted infections Date: / /

Prescriber name:	Contact number:
Prescriber number:	Prescriber signature: