

TRAVEL QUESTIONNAIRE

In order to advise on what protection you require on your holiday, please complete the following questions and return the completed form to The Medical Centre reception as soon as conveniently possible prior to your departure. This will enable us to do a risk assessment work out of your vaccination requirements and arrange suitable appointment time(s).

NAME..... DATE OF BIRTH

ADDRESS.....

CONTACT PHONE NUMBER(S)

DESTINATION(S) (THIS MUST INCLUDE STOP OVERS).....

DEPARTURE DATE..... DURATION OF STAY

ACCOMMODATION:(PLEASE CIRCLE)

Hotels, Private Homes, Tents/Caravans, Lodges, Motels, Cruise Ship, Hostel, Boat.

DESTINATION TERRAINE TYPE:(PLEASE CIRCLE)

Inland areas, Coastal, Jungle ,Safari, Countryside, City.

NATURE OF TRAVEL:(PLEASE CIRCLE)

Working with local people, Business, Volunteer Work, Holiday

HAVE YOU ANY:-

CURRENT ILLNESS / MEDICAL CONDITION(S) YES/NO

IF YES PLEASE STATE

LONG-TERM MEDICATION? (ie steroids) YES/NO

IF YES PLEASE STATE

ANY RECENT IMMUNOSUPPRESSENTS(eg Chemotherapy)

ARE YOU PREGNANT AND/OR BREAST FEEDING?

DATES OF PREVIOUS VACCINATIONS:-

TETANUS.....POLIO..... TYPHOID.....

HEPATITIS A HEPATITIS B.....YELLOW FEVER.....

HAVE YOU ANY KNOWN ALLERGIES/REACTIONS TO PREVIOUS VACCINES? YES/NO

(IF YES PLEASE STATE WHAT WITH WHICH VACCINE).....

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THIS SECTION WILL BE COMPLETED BY THE NURSE

TETANUS/DIP		POLIO	
HEP A 1		HEP A/1ST	
ADULT BOOSTER		CHILD BOOSTER	
HEP B 1		TYPHOID	
HEP B 2		YELLOW FEVER	
HEP B 3		JAP ENC	
TICK ENC		MEN A & C	
RABIES		ANCY	

Malaria advice		Tabs C		Tabs C & P		Mal		Dox		Lar	
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DATE LETTER SENT RE

REQUIREMENTS.....

APPOINTMENT SENT ON.....

DATE OF APPOINTMENT.....

FORM COMPLETED BY(PRINT NAME)

(SIGNED)