

<b>Travel Questionnaire</b>
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Please complete giving as much detail as possible and return to surgery by hand or on-line. Phone for a response after 48hrs.

Old vaccination booklets would be helpful.

**There are fees for administering non-NHS travel vaccines; plus you will also require a private script for the non-NHS Vaccines which is a standard £20.00. This does not include the fee at the chemist for the vaccines.**

Name:	
Date of Birth:	
Address:	
Telephone Number:	
e-mail address:	
What date do you intend to leave:	
Overall length of trip	
Countries and exact location to be visited:	
Within 24 hrs of medical facilities.	
Length of stay in each:	
Purpose of trip (Including all activities planned):	
What will be your type of accommodation:	
Mode of Transport:	
What is your current state of Health:	
Any Recent or past Medical history:	
Please list any current medications:	

Do you or close family have epilepsy:	
Any History of Mental illness including depression/anxiety:	
Have you ever had a serious reaction to a vaccine before:	
<u>Women only</u> : are you pregnant, planning pregnancy or breastfeeding:	

Have you ever had any of the following vaccinations, anti-malarial tablets? If so, when?

Vaccine	Yes/No	Date	Vaccine	Yes/No	Date
Tetanus			Typhoid		
Yellow Fever			Diphtheria		
Hepatitis A			Hepatitis B		
Polio			Rabies		
Japanese B Encephalitis			Tick-Borne Encephalitis		
Malaria Tablets			Others (Please specify)		

Have you taken out travel insurance and if you have a medical condition, informed the company about this:	
Please give any other information that may be relevant:	
Usual GP seen at Practice:	

Name .....

**For Practice Use:**

- A – No further action needed
- B – Telephone appointment with nurse
- C - Double appointment with nurse.