APPENDIX A

Travel Questionnaire

Please complete and return to Reception. Please allow 10 working days for the Nurse to review your medical records before contacting us for vaccination recommendations. We advise patients to book their appointment for immunisations 6 weeks prior to travel.

Personal Details

Name: Sex:

Date of Birth:

Daytime Tel: Email:

Date of Trip

Departure Date:

Duration:

Itinerary and Purpose of Visit

Country & area/resort name	Duration of Stay (no of days)

PLEASE PROVIDE A MAP OF WHERE YOU ARE TRAVELLING TO IN ORDER TO ASSIST US ASSESSING WHAT VACCINATIONS YOU REQUIRE

1.

2.

3.

4.

Trip Description – please tick all appropriate boxes:

Purpose of Trip:	Business	☐	Pleasure:	☐	Other	☐
Type of Trip:	Package	☐	Self-Organised	☐	Backpacking	☐
	Camping	☐	Cruise Ship	☐	Trekking	☐
Accommodation:	Hotel	☐	Friends/ Family	☐	Other	☐
Travelling:	Alone	☐	With Friend/ Family	☐	In a Group	☐
Location Type:	Urban	☐	Rural	☐	Altitude	☐
Activity Type:	Safari	☐	Adventure	☐	Other	☐

Personal Medical History

List all chronic medical conditions that you have (eg. Diabetes, heart or lung conditions)

List all allergies that you have (eg. Eggs, nuts, antibiotics)

If you have had a serious reaction to a vaccine in the past, which vaccine was it?

List all of your current medications (including oral contraception)

Have you recently suffered from any infection (eg. Heavy cold, flu or high temperature)?	☐ Yes
Does having an injection cause you to feel faint?	☐ Yes
Do you or any close family members have epilepsy?	☐ Yes
Do you have any history of mental illness including depression or anxiety?	☐ Yes
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?	☐ Yes
Have you taken out travel insurance?	☐ Yes
If you have a medical condition, have you told your insurance company about it?	☐ Yes
Are you pregnant, planning pregnancy or breast feeding?	☐ Yes

Write below any further information that might be relevant.

Vaccination History

Have you ever had any of the following vaccinations/tablets and if so when?

Vaccine		Approx Date	Vaccine		Approx Date
Tetanus	☐ Yes		Polio	☐ Yes	
Diphtheria	☐ Yes		Typhoid	☐ Yes	
Hepatitis A	☐ Yes		Hepatitis B	☐ Yes	
Meningitis	☐ Yes		Yellow Fever	☐ Yes	
Influenza	☐ Yes		Rabies	☐ Yes	
Jap B Enceph	☐ Yes		Tick Borne	☐ Yes	
Malaria Tablets	☐ Yes				

It is essential that you factor in adequate time to have the immunisations you need for your journey, and be aware that there is a cost for some immunisations.
Please be aware that we do not provide Hepatitis B or Yellow Fever immunisations at the surgery. If you require these you will need to attend a Private Health Clinic.

If sufficient time is not allowed then it may not be possible to offer you an appointment at the Practice. In these instances we will advise you to attend a Private Health Clinic who will charge for the service.

I consent, understand and agree to the above terms regarding notice of intended travel, availability of appointments and potentially any costs I may be liable to pay.

Signed: **Date:**