

TRAVEL QUESTIONNAIRE

TO BE COMPLETED BEFORE APPOINTMENT MADE WITH PRACTICE NURSE

Personal details	
Name	Date of birth
Tel No (home/mobile)	Can messages be left? YES/NO
	Male () Female ()
Details of travel	
Date of travel	Length of stay
Countries to be visited	
1	2
3	4
5	6
Accommodation	
Hotel Back packing Living and working with local people (circle as appropriate)	
Personal medical history	
Do you have any recent or past medical history of note? (including diabetes, heart or lung problems)	
List any current or repeat medications	
Do you have any allergies, for example to eggs, antibiotics, nuts?	
Have you ever had a serious reaction to a vaccine given to you in the past?	
Does having an injection make you feel faint?	
Do you or any close family members have epilepsy?	
Do you have any history of mental illness including depression or anxiety?	
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?	
Women only Are you pregnant or planning pregnancy or breast feeding?	
Please write below any further information which may be relevant	

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Vaccination history						
Have you ever had any of the following vaccinations/malaria tablets and if so when?						
Tetanus	Polio		Diphtheria			
Typhoid	Hepatitis A		Hepatitis B			
Meningitis	Yellow Fever		Influenza			
Rabies	Jap B Enceph		Tick Borne			
Other	Malaria tablets (state type)					
For discussion when risk assessment is performed within your appointment						
<i>I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.</i>						
Signed				Date		
FOR OFFICIAL USE						
Travel vaccines recommended for this trip						
Disease protection	Yes	No	Further information			
Hepatitis A						
Hepatitis B						
Typhoid						
Cholera						
Tetanus						
Diphtheria						
Polio						
Meningitis ACWY						
Yellow Fever						
Rabies						
Japanese B Encephalitis						
Other						
Travel advice and leaflets given as per travel protocol						
Food water and personal hygiene advice		Travellers' diarrhoea		Hepatitis B and HIV		
Insect bite prevention		Animal bites		Accidents		
Insurance		Air travel		Sun and heat protection		
Other			Travel Record Card supplied			
Websites						
Malaria prevention advice and malaria chemoprophylaxis						
Chloroquine and proguanil			Atovaquone + proguanil (Malarone)			
Chloroquine			Mefloquine			
Doxycycline			Malaria advice leaflet given			
Further information						
e.g. weight of child						
Signed by						
Position				Date		