

TRAVEL QUESTIONNAIRE

PLEASE COMPLETE AND RETURN THE FORM TO THE SURGERY AT LEAST 6 WEEKS BEFORE YOU TRAVEL.

PLEASE NOTE THERE WILL BE A CHARGE FOR VACCINATIONS NOT AVAILABLE ON THE NHS AND FOR ANTI-MALARIAL MEDICATION. THE AMOUNT IS PAYABLE ON THE DAY VACCINATIONS ARE GIVEN.

To enjoy your holiday please give as much information as possible to enable us to provide you with accurate travel health advice.

NAME ----- **DATE OF BIRTH** -----

ADDRESS -----

----- **CONTACT TELEPHONE NUMBER** -----

| COUNTRY / TOWN | LENGTH OF STAY | AWAY FROM MEDICAL HELP |
|-----------------------|-----------------------|-------------------------------|
| 1.----- | ----- | ----- |
| 2.----- | ----- | ----- |
| 3.----- | ----- | ----- |

DATE YOU LEAVE UK----- **DATE YOU RETURN TO UK**-----

TYPE OF TRAVEL *(please circle)*

| | | | | |
|-----------|----------------|--------|--------------------|--------|
| Business | Voluntary work | Safari | Visiting relatives | Cruise |
| Religious | Backpacking | Beach | Sporting | |

HAVE YOU ANY MEDICAL CONDITIONS WHICH MAY AFFECT YOUR TRAVEL? *(please circle)*

Asthma Diabetes Epilepsy High blood pressure Heart conditions
Depression

Other conditions not listed-----

ARE YOU TAKING ANY REGULAR MEDICATION?

Please give details -----

ALLERGIES -----

For women currently pregnant gestation ----- currently breast feeding Yes / No

Planning pregnancy within 3 months Yes / No

I confirm the above questions to be correct to the best of my knowledge and request immunisation as appropriate to my trip, together with travel advice and when required anti-malarial medication.

Patient's signature ----- **Date** -----
(Parents if under 16 years of age)

You will need to ring 01535 652447 after 10 A.M in approximately 7 days to find out what vaccinations you may require.

FOR OFFICIAL USE

| | Last vaccination date | Needs Y/N | Other information i.e. schedule of immunisations | To pay |
|-------------------------|-----------------------|-----------|--|--------|
| Diphtheria | | | | |
| Tetanus | | | | |
| Polio | | | | |
| Hepatitis A | | | | |
| Typhoid | | | | |
| Hepatitis B | | | | |
| Yellow Fever | | | | |
| Meningitis ACWY | | | | |
| Rabies | | | | |
| TB | | | | |
| Cholera | | | | |
| Rabies | | | | |
| Jap B Encephalitis | | | | |
| Tick-borne Encephalitis | | | | |

MALARIA CHEMOPROPHALAXIS

| | | | |
|--|----|-------------------------------------|--|
| Chloroquine and Proguanil | | Atovaquone and Proguanil (Malarone) | |
| Chloroquine | | Mefloquine | |
| Malarial advice leaflet given | | Doxycycline | |
| Weight of child requiring malaria chemoprophylaxis | kg | | |

TRAVEL ADVICE

Food and water hygiene

Sun and heat protection

Insurance

First aid and travel pack

Insect repellent / mosquito net

Anti malarial advice

Travellers' diarrhoea

STI's/HIV/Hepatitis B safe sex

Oral contraception pill

Air travel – long haul flight

Personal medication

Websites – www.nathnac.org

www.travax.nhs.uk