

Please complete this questionnaire before booking an appointment with our nurse to receive travel health advice.

**NB you must book your appointment at least 6 weeks before your date of travel.**

<b>Personal details</b>					
Name:		Date of birth:		Male/Female	
Easiest contact telephone number:					
Email					
Date of trip			Date of departure		
Return date or overall length of trip					
<b>Itinerary and purpose of visit</b>					
Country to be visited		Length of stay		Away from medical help at destination, if so, how remote?	
1.					
2.					
Future travel plans					
Please tick as appropriate below to best describe your trip					
1. Type of trip	Business		Pleasure		Other
2. Holiday type	Package		Self organised		Backpacking
	Camping		Cruise		Trekking
3. Accommodation	Hotel		Relatives/family home		Other
4. Travelling	Alone		With family/friend		In a group
5. Staying in area which is	Urban		Rural		Altitude
6. Planned activities	Safari		Adventure		Other
<b>Personal medical history</b>					
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)					
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 before?					
Does having an injection make you feel faint?					
Do you or any close family members have epilepsy?					
Do you have any history or mental illness including depression or anxiety?					
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
<b>Women only:</b> Are you pregnant or planning pregnancy or breast feeding?					
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?					

## Travel Health Questionnaire

Please write below any further information which may be relevant.

### 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					

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: ..... Date: .....

### FOR OFFICIAL USE

Patient Name:

Travel risk assessment performed Yes [ ] No [ ]

### 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	
Websites		Travel Record card supplied Other			

### Malaria prevention advice and malaria chemoprophylaxis

Chloroquine and proguanil		Atovaquone + proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	

### Further information

e.g. weight or child

Signed by: ..... Position: ..... Date: .....