

Dr Campbell & Partners

PRE-TRAVEL QUESTIONNAIRE

The information on this form will help your doctor or nurse to find out if you may need any vaccinations before you travel to help keep you healthy on your trip. This form should be given to your GP or nurse before you visit your surgery. The nurse will then get in touch with you to discuss your travel requirements. Please complete all details about your planned trip.

Name: Date of Birth:

Date of departure: Date of return:

I will be visiting the following countries: Please give details of the resort/region as well as the country. Remember to list any countries you will be travelling through as well as those you'll be staying in	Time in country (days)	Purpose of trip e.g. holiday/visiting relatives. Include any at-risk activities planned.	Type of accommodation e.g. hotel/hostel/campsite

Do you plan to travel abroad again in the future?:

MEDICAL HISTORY

Please give details of any conditions that may affect your travel plans e.g. pregnancy, diabetes, heart, thymus or spleen problems, HIV/AIDS or allergies:

Allergies e.g. eggs, antibiotics: _____

Current medication (including oral contraceptives): _____

Women only: Are you pregnant, planning pregnancy or breast feeding?:

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VACCINATIONS

Please give details of any previous vaccinations and anti-malarial medications below:

Vaccination	Date	Comments (any problems or side effects you may have experienced)
Hepatitis A		
Typhoid fever		
Yellow fever		
Rabies		
Hepatitis B		
Cholera		
Japanese encephalitis		
Influenza		
Other:		
Date	Anti-malarial	Comments (any problems or side effects you may have experienced)

BEFORE YOU TRAVEL

- Make sure you get adequate travel insurance for all the activities you're planning on taking part in.
- Pack a first aid kit, including a sterile kit of emergency equipment if you're going somewhere remote.
- Make sure that you have adequate supplies of your prescription medication. Have you checked with the airport and airline for any restrictions they may have on travelling with medicines or administration devices?
- Have you had a recent dental and medical check-up?
- Find out more about the region you're travelling to be visiting The Foreign Office website and for advice on specific risks in specific countries (www.fco.gov.uk).

I have received travel information and advice on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Patient Signature _____ Date _____

Print Name _____

Nurse Signature _____ Date _____

Print Name _____