

**PRIVATE AND CONFIDENTIAL**  
**TO BE COMPLETED BY THE PATIENT**

Going abroad on holiday or business. You may need travel vaccinations depending on the countries you intend to visit. To help us advise you on the protection you need, please complete this questionnaire, ideally 12 weeks before you travel.

PLEASE CONTACT THE SURGERY 4 DAYS AFTER RETURNING THIS FORM

PLEASE COMPLETE ALL OF THE QUESTIONNAIRE & RETURN IT AS SOON AS POSSIBLE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEL NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

WEIGHT & HEIGHT(Children under 12 years)  
\_\_\_\_\_  
\_\_\_\_\_

1. Which resorts in which countries do you intend to visit including brief stopovers.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Will you be staying in hotels or under more primitive conditions? (E.g. camping)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your journey include:  
Inland areas \_\_\_\_\_

Coastal areas \_\_\_\_\_

Safari's \_\_\_\_\_

Jungle/Difficult Terrain \_\_\_\_\_

Trekking at high altitude \_\_\_\_\_

4. Date of departure \_\_\_\_\_

5. Duration of stay abroad \_\_\_\_\_

6. Have you ever had any of the following vaccinations & if so when ?

TYPHOID \_\_\_\_\_

TETANUS \_\_\_\_\_

POLIO \_\_\_\_\_

YELLOW FEVER \_\_\_\_\_

HEPATITIS A \_\_\_\_\_

MENINGITIS \_\_\_\_\_

OTHER (Please state) \_\_\_\_\_  
\_\_\_\_\_

7. Are you pregnant or plan to be pregnant 6 months AFTER your trip?  
\_\_\_\_\_

8. Are you breastfeeding? \_\_\_\_\_

9. Are you allergic to anything? \_\_\_\_\_  
\_\_\_\_\_

10. Are you on any medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you any history of the following ?

Heart Disease \_\_\_\_\_

Epilepsy \_\_\_\_\_

Kidney problems \_\_\_\_\_

Depressive illness \_\_\_\_\_

Other medical conditions (please state)  
\_\_\_\_\_  
\_\_\_\_\_

Remember if you are taking any medication, make sure that you take enough supplies to last through your overseas visit.

Please sign to consent to treatment

**TO BE COMPLETED BY THE PRACTICE NURSE**

Recommended Immunisations	Date Last given	Full course	Booster	Date given	Signature
TETANUS					
DIP/TET					
POLIO					
TYPHOID					
HEPATITIS A Adult / Junior AXIM / HAVRIX					
IMMUNOHLOBULIN					
MENINGITIS C					
YELLOW FEVER					
DIPHTHERIA					
RABIES					
HEPATIS B					
JAPANESE ENCAPHALITIS					
TICK BOURNE ENCAPHALITIS					
OTHER (Please state)					

MALARIA PROPHYLAXIS	<p align="center">YES / NO / NOT REQUIRED</p> <p align="center">AREAS &amp; REGIME RECOMMENDED</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>
Malaria / bite Prevention Advice given	YES / NO / NOT REQUIRED
Travel leaflets given	YES / NO / NOT REQUIRED