

**GRASSINGTON MEDICAL CENTRE
TRAVEL QUESTIONNAIRE**

Please complete at least 4-6 weeks before travel.

PERSONAL DETAILS

Name:

Date of birth:

Male () Female ()

.....
Easiest contact telephone number:

.....
IT IS YOUR RESPONSIBILITY TO PHONE THE SURGERY APPROXIMATELY 1 WEEK AFTER COMPLETING THE QUESTIONNAIRE TO CONFIRM VACCINES REQUIRED AND MAKE APPT

DATES OF TRIP

Date of Departure

Return date or overall length of trip

.....
ITINERARY AND PURPOSE OF VISIT

<u>Country to be visited</u>	<u>Area/Region</u>	<u>Length of stay</u>	<u>Travelling to remote areas or away from medical help?</u>
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1.
2.
3.
4.

.....
PLEASE TICK AS APPROPRIATE BELOW TO BEST DESCRIBE YOUR TRIP

- | | | | |
|-----------------------------|----------------------------|---------------------------------------|---------------------------------|
| 1. Type of trip | Business () | Pleasure () | Other () |
| 2. Holiday type | Package ()
Camping () | Self organised ()
Cruise ship () | Backpacking ()
Trekking () |
| 3. Accommodation | Hotel () | Relative/family () | 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 () |

.....
PERSONAL MEDICAL HISTORY

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 a 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?

NB – There will be a charge for anti-malarials as they are not available on the NHS and there is a fee payable for some vaccines e.g. yellow fever.

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

I confirm the above answers to be correct to the best of my knowledge and request immunisation for my trip together with advice on anti-malarials if appropriate.

Signed:

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 ...	()	()
Hep A + Hep B	()	()
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 ()	Hep B & HIV ()
Insect bite prevention ()	Animal bites ()	Accidents ()
Insurance ()	Air travel ()	Sun/heat protection ()
Advised/discussed cost ()	Travel record card supplied ()	Websites ()
Invoice given if required ()	Amount	

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: