

PRE-TRAVEL QUESTIONNAIRE

It is essential that you visit your Doctor or Travel Health professional well in advance of travelling abroad. They will be able to advise you personally regarding vaccinations, malaria prevention and general health issues you should consider for your destination.

To help you have all the right information at hand, print off this form, complete the details, and take it along with you when you visit your GP Surgery/Travel clinic for your travel health consultation.

General information Please provide the following information about your trip:-

Name:		Departure date:		Return date:																					
Country/City/Rural/Coast (please continue on reverse if necessary).				For (days)																					
Accommodation: Hotel/Relatives/Family home/ cruise/camping/caravanning/other.				Purpose of travel? Holiday/backpacker/business/other.																					
Medical history: Please list any medications taken regularly:			Do you have any of the following conditions Asthma/COPD/breathing problems Blood clot/DVT Cardiac problems Diabetes Epilepsy High blood pressure HIV Spleen removed Mental illness/depression/anxiety. Pregnant or possible pregnancy Previous reaction to vaccine Take drugs that suppress the immune system																						
IF YOU ARE SUFFERING FROM A FEVER OR OTHER INFECTION YOU SHOULD INFORM YOUR HEALTH PROFESSIONAL ON THE DAY YOU VISIT FOR VACCINATIONS.			Are you allergic to the following: Eggs Antibiotics Other																						
Vaccination History: I have had the following vaccinations. DATE <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%; height: 20px;"></td><td style="width:20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>																							Malaria medication history: If you previously taken the following malaria medication. Which medication did you take?		
I have had these vaccinations in the past <u>three</u> weeks: Yellow fever <input type="checkbox"/> Gamma globulin <input type="checkbox"/> MMR <input type="checkbox"/> BCG <input type="checkbox"/>			When I took the malaria medication: Did you have any problems? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">I had no problems</td> <td style="width:30%;"></td> </tr> <tr> <td>Stopped taking it before advised</td> <td></td> </tr> <tr> <td>Had following side effects</td> <td></td> </tr> <tr> <td>Had malaria on return</td> <td></td> </tr> </table>			I had no problems		Stopped taking it before advised		Had following side effects		Had malaria on return													
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<p style="text-align: center;">IF YOU ARE TRAVELLING TO MULTIPLE COUNTRIES PLEASE NOTE A DOUBLE APPOINTMENT IS REQUIRED.</p> <p>For a complicated itinerary further appointments may be necessary</p>																									

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