



# 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 keep you healthy on your trip. This form should be given to your GP or Nurse when you visit your surgery or travel clinic. Please complete all details about this planned trip.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of departure: \_\_\_\_\_ Date of return: \_\_\_\_\_

<u>I will be visiting the following countries</u> Please give details of the resort/region as well as the country. Remember to list any countries you will be traveling through as well as those you will be staying in.	<u>Time in Country</u> Days/Weeks	<u>Purpose of trip</u> e.g holiday/visiting relatives. Include any at-risk activities planned.	<u>Type of accomodation</u> e.g Hotel/Hostel/Campsite

Do you plan to travel abroad again in the future?

**YES/NO**

## 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.

**Medical History:**


**Allergies - e.g. eggs, antibiotics:**


**Current medicatiojn (including oral contraceptives) and any OTC Meds:**


**Woman only - Are you pregnant, planning pregnancy or breat feeding:**




Please give details of any previous vaccinations and anti-malaria medications below.

**Vaccinations**                      **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 - Check List**

- Make sure you get adequate travel insurance for all activities you're planning to take part in
- Pack a first aid kit, including a sterile kit of emergency equipment if you are 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 administrative devices?
- Have you had a recent dental and medical check up?
- Find out more about the region you're travelling to by visiting The Foreign Office Website and for advice on specific risks in specific countries ([www.fco.gov.uk](http://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: \_\_\_\_\_

