

**Watling Vale Medical Centre
Patient Travel Health Questionnaire**

Personal details

Name:	Date of birth: / / Male [] Female []
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Contact telephone number:

Email:

Dates of departure:

Return date:

Country to be visited	Destination in Country (Essential Information)	Length of stay	Away from medical help at destination, if so, how remote?
1.			
2.			
3.			
4.			

Please tick as appropriate fill in all columns 1-6

1. Type of trip	Business		Pleasure		Other
2. Holiday type	Package		Self Organised		Backpacking
	Camping		Cruise ship		Trekking
3. Accommodation	Hotel		Relatives / family		Other
4. Travelling	Alone		With family / friend		In a group
5. Area of stay	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, chicken, antibiotics, nuts?

Have you ever had a serious reaction to a vaccine given to you before?

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

Have you taken out travel insurance and if you have a medical condition, informed them of this?

Vaccination history

Have you ever had any of the following vaccinations / malaria tablets, if so when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jab B Enceph		Tick Borne	

Other

Malaria tablets

If you require a prescription for malaria tablets this is a non NHS prescription therefore you will be charged £20.00 for the prescription payable at the surgery and then a separate charge for the tablets at the pharmacy

Signed: _____ Date: _____

FOR PRACTICE NURSE / GP ONLY				
Patient name:				
Travel risk assessment performed YES [] NO []				
Travel vaccines recommended for this trip				
Disease Protection	YES	No	Vaccines recorded on notes	Further information
Tetanus				
Polio				
Diphtheria				
Typhoid				
Hepatitis A				
Hepatitis B				
Meningitis				
Yellow Fever				
Influenza				
H1N1 Influenza				
Rabies				
Jap B Enceph				
Tick Borne				
Other				
Malaria prevention advice and chemoprophylaxis				
Chloroquine and Proguanil			Atovaquone + Proguanil (Malarone)	
Chloroquine			Mefloquine	
Doxycycline			Malaria advice leaflet given	
Further information				
e.g. Weight of child				
Travel advice and leaflets given				
Food, water & personal hygiene		Travellers' diarrhoea		Hepatitis B & HIV
Insect bite prevention		Animal bites		Accidents
Insurance		Air travel		Sun & heat protection
Websites	Travel record card supplied			
	Other			
Signed by:		Position:		Date: