

DATE:.....

**FOR STAFF:**

- *This form goes to nurse first*
- *Then GP*
- *Then scanning*

## Abbey Medical Centre Pre-travel Health Questionnaire

Name:.....

Telephone number:.....

Date of birth:.....

What is your departure date? .....

How long will you be away?.....

Which countries will you be visiting? .....

Purpose of trip?.....

Type of holiday? Package tour ☐ Organising it yourself ☐ Backpacking ☐ .....

Accommodation? Hotel ☐ Relatives homes ☐ Local accommodation ☐ .....

High risk activities? E.g. hiring a moped, bungee jumping, scuba diving, white water rafting  
.....

Planned mode of travel? Public transport ☐ Cruise ☐ Plane ☐ Own vehicle ☐ .....

Who are you travelling with?.....

Will you be staying in: City ☐ Small town ☐ Rural village ☐ .....

Will you be travelling to remote areas? (more than 24hours away from medical help).....

Do you have a history of epilepsy?.....

Have you ever experienced anxiety or depression that has required treatment?.....

Have you had your spleen removed?.....

Have you ever had a bad reaction to a vaccine?.....

Are you allergic to anything?.....

Are you taking any new medication?.....

Are you pregnant or breastfeeding?.....

Have you recently had treatment with radio/chemotherapy or steroids?.....

Are you HIV positive?.....

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**OFFICE USE ONLY:**

I authorize the following prescription for the recommended vaccines to be given to the above named patient by Lesia Jeffreys or Brooke Bristow (RGN/PN) in accordance with DOH Green book 'Immunisation against infectious disease' and the TRAVAX website/online database for travel health:

- ☐ Tetanus, diphtheria, polio
- ☐ MMR
- ☐ Hepatitis A
- ☐ Typhoid
- ☐ Hepatitis A/Typhoid combined
- ☐ Hepatitis B
- ☐ Meningitis ACWY

Other vaccines required (not given at Practice):

- ☐ Yellow fever
- ☐ Japanese encephalitis
- ☐ Rabies
- ☐ Tick borne encephalitis

Malaria:

- ☐ Not required for travel to this area
- ☐ To be obtained OTC – chloroquine/proguanil
- ☐ To be purchase privately @ chemist/travel clinic – malarone/mefloquine/doxycycline

Weight (child malaria dosing):

**Signed by GP:**.....\*\*Then to scanning please\*\*