

THURSO & HALKIRK MEDICAL PRACTICE

Thurso Patients - 01847 893154
Halkirk Patients - 01847 831203

TRAVEL PROFORMA

Patient Questionnaire

Please complete this as soon as possible. You will receive a print out of health advice for the area to be visited, after returning this form to Reception.

NAME: _____

ADDRESS: _____

TEL NO: _____

D.O.B. _____

Which countries do you intend to visit (including stopovers)?

Will you be staying in hotels or under more primitive conditions (eg camping)?

Does the holiday include:

Coastal areas: _____

Inland areas: _____

Do you plan any safaris, jungle exploring or travel in rural areas?

Departure Date: _____

Duration of Stay: _____

Have you ever had any of the following vaccines and if so when:

Diphtheria: _____

Typhoid: _____

Tetanus: _____

Polio: _____

Hepatitis B: _____

Hepatitis A: _____

Yellow Fever: _____

Are you pregnant? _____

Are you allergic to anything?

Are you on any medication? Specify.

Do you suffer from any serious illnesses?

SURGERY USE ONLY

VACCINATIONS REQUIRED

DATE TO BE ADMINISTERED

| | | |
|---|-------|-------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |
| 4 | _____ | _____ |
| 5 | _____ | _____ |

GP SIGNATURE: _____

DATE: _____

PATIENT CONSENT:

I have received and understood the advice given to me concerning:

- Travel vaccination requirements
- Anti-malarial prophylaxis
- General preventive measures

FOR MYSELF

FOR MY CHILD

and consent to the administration of the vaccinations identified above.

PATIENT SIGNATURE: _____ **DATE:** _____