

Travel Questionnaire

Patients who are planning to travel overseas, whether on business or pleasure are requested to visit the following website for up-to-date information on your destination and general travel advice: www.travelhealthpro.org.uk .

We ask you to look specifically at the following pages on the Travel Health Pro website:

- Country Information
- Travellers' Diarrhoea Advice
- Food and Water Hygiene Advice
- Rabies Risk Advice
- Insect and Tick Bite Risk and Avoidance Advice

Please also read Public Health England leaflet 'MMR For All' (available on our website) which will answer all questions to protect you against all 3 of these diseases.

Having read the information on the Travel Health Pro website, if you believe you need further advice, please complete the travel questionnaire below as soon as possible to ensure there is enough time to complete any vaccination course required before you travel. We advise you search online for a local private travel clinic if you are travelling within the next **6 weeks**.

Please complete all sections of the form. If you leave questions unanswered your form may be returned to you for completion, delaying your enquiry. Any vaccination courses should be completed 4 weeks before travel to give the best protection. If you intend to travel within the next 2 weeks, you need to contact a travel clinic.

Personal Details

Name:		Sex:	
Date of Birth:		Postcode:	
Daytime Tel:			
Email:			

Trip Dates

Departure:		Duration:	
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Itinerary

Please list all countries you are visiting in this trip including stop offs in any airports.

Country:	Area/Region:	Duration:

Trip Description

Purpose of trip e.g. business, pleasure:
Type of trip e.g. package, backpacking, camping, cruise:
Please list all accommodation types used for this trip e.g. hotel, hostel, self-catering:

Are you travelling:

- Alone
- With friends/family
- With a group
- On a school trip

Location type e.g. resort, rural, urban, jungle, altitude:

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Please list **all** planned activities and location (including sports/exercise):

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Personal Medical History

List all chronic medical conditions that you have e.g. diabetes, heart or lung conditions:

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List all allergies that you have e.g. eggs, nuts, antibiotics:

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If you have had a serious reaction to a vaccine in the past, which vaccine was it?

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List all of your current medications (including oral contraception):

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- Have you recently suffered from an infection (heavy cold/flu/high temperature)? Yes
- Does having an injection cause you to feel faint? Yes
- Will you have access to medical treatment during the duration of your trip? Yes
- Do you or any close family members have epilepsy? Yes
- Do you have any history of mental illness including depression or anxiety? Yes
- Have you recently undergone radiotherapy, chemotherapy or steroid treatment? Yes
- Have you taken out travel insurance? Yes
- If you have a medical condition, have you told your insurance company about it? Yes
- Are you pregnant, planning pregnancy or breast feeding? Yes

Write below any more information that may be relevant: