

TRAVEL QUESTIONNAIRE

Name.....

Date of Birth.....

Date of Travel.....

Destination.....

Stopovers?.....

Duration of Holiday.....

Type of Holiday ie *all-inclusive/ backpacking*.....

Previous Travel Immunisations?.....

Allergies/ previous reactions?.....

Contact Information (including telephone number)

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PLEASE COMPLETE THIS FORM AND RETURN AT LEAST 6 WEEKS

BEFORE TRAVELLING

PLEASE NOTE: We are not a yellow fever centre. Anti-Malaria tablets are not available free on the NHS; you can buy these over the counter in a pharmacy.

FORM TAKEN IN BY.....

APPT DATE.....WITH

Official Use only
Paper Notes needed: Y / N