

NORTHAM SURGERY

Travel Questionnaire

Please complete one questionnaire for each individual travelling in your party. Please return the questionnaire a **MINIMUM of 8 Weeks** before you travel.

Please note: If you are taking a last minute break and are travelling less than six weeks from now, we are unable to provide you with a travel health service. In this instance the nearest independent (non-NHS) travel health service is in Boots Barnstaple

Name: _____ **Date of Birth:** _____

Date of Departure: _____ **Planned Date of return:** _____

Destination(s): _____

Type of Holiday/Accommodation – Please tick applicable

Hotel/Self Catering

Camping

Safari/Trekking

Staying with Relatives

Backpacking

Voluntary Service

Business trip

Other (please specify)

Do you intend to be in areas of where there is no medical assistance?

We will have a record of any current medical conditions and medications but are there any other conditions or medications you are taking that we are not aware of?

Females only – Are you pregnant or planning to become pregnant?

Do you have any known allergies/reactions?

Please also read the attached travel information leaflet.

There is a charge for some non NHS vaccinations.

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For Surgery use only

Date questionnaire received by the surgery: _____

Date actioned by Nurse: _____

Appointment needed? Yes No

Vaccines required: _____
