

**STANTON SURGERY  
TRAVEL QUESTIONNAIRE**

<b>Personal details</b>			
Name:		Date of Birth:	
Address:			
Tel No: Home:	Mobile:	Male <input type="checkbox"/>	Female <input type="checkbox"/>

<b>Travel details</b>	
Date of travel departure:	
Return date, or length of travel:	

<b>Destination details</b>		
List below countries and locations to be visited	Length of stay	Are you away from help at the destination? How remote?
1.		
2.		
3.		

Do you plan to travel abroad again in the near future?

<b>Please tick as appropriate below to best describe your trip</b>					
1. Type of trip	Business		Pleasure		Other
2. Holiday type	Package		Self-organised		Backpacking
	Camping		Cruise ship		Trekking
3. Accommodation	Hotel		Self-catering		Other
4. Travelling	Alone		With family/friends		In a group
5. Staying in area type	Urban		Rural		Altitude
6. Activities	Safari		Adventure		Other
Further details:					

<b>Personal Medical History</b>
Please list any recent or past medical history of note? (including diabetes, heart or lung conditions)
List any current medications
Do you have any allergies eg eggs, antibiotics, nuts or latex?
Have you ever had a serious reaction to a vaccine given to you?
Does having an injection make you feel faint?
Do you or any close family member have epilepsy?
Do you have any history of mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
<b>Woman only:</b> Are you pregnant or planning pregnancy, or breastfeeding?
Have you taken out travel insurance and if you have a medical condition informed the company about this?
Please write below any further information which may be relevant to your trip/health:
<b>Children:</b> Please provide weight of child:

<b>Vaccination history</b>					
Have you ever had any of the following vaccinations/malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Japanese B Encephalitis		Tick Borne Encephalitis	
Other:					
Malaria tablets:					

<b>Date completed:</b>		<b>Signed:</b>	
<b>Relationship, if not patient:</b>			

**Please hand completed forms to Reception. They will be assessed by the Practice Nurse. Please contact the surgery in one week to be notified of travel recommendations.**

**To be completed by Practice only:**

<b>Travel vaccinations recommended for this trip</b>			
<b>Table 1.</b> Travel vaccines AVAILABLE on the NHS - can be given at the surgery		<b>Table 2.</b> Travel vaccines NOT AVAILABLE ON THE NHS - to be given via Travel Clinic	
Hepatitis A		Hepatitis B (single agent)	
Typhoid		Meningitis ACWY	
Combined Hepatitis A & Hepatitis B		Yellow Fever	
Tetanus, diphtheria & Polio combined vaccine		Japanese B encephalitis	
Cholera		Tick Borne encephalitis	
MMR		Rabies	

<b>Malaria prevention chemoprophylaxis (Private prescription)</b>			
Chloroquine and proguanil		Atovaquone and proguanil	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice	

<b>Travel advice/guidance required</b>			
Food, water & personal hygiene		Travellers' diarrhoea	Blood & bodily fluid infection risks eg Hepatitis B
Insect bite prevention		Animal bites	Accidents
Sun & heat protection		Air travel	Insurance
Other			
Travel Clinic (non NHS vaccinations/certificates required)			

Assessment Completed Date:	
Nurse Completing:	
Entered on Patient Record:	