

**PERTH & SCONE MEDICAL GROUP
TRAVEL QUESTIONNAIRE**

Going abroad - on holiday or business?

You may need travel vaccinations depending on the country or countries you intend to visit. To help us advise you on the protection you need, please complete this questionnaire and return it to us as soon as possible before making an appointment with the practice nurse for the Travel Clinic. This should be arranged at least 8 weeks before you travel.

Personal Details:

Surname:

Name:

Male

Female

Date of Birth:

Telephone number:

Email:

Details of Trip

Departure date:

Duration of stay:

Which countries do you intend to visit (including brief stopovers)? This would include different regions within a country, e.g. North India or Dehli.

Country

Region

Duration of Stay

Where will you be staying when you are abroad?

Hotels

Cruise Ship

Camping

Other

Does your journey include -

Coastal areas

Inland areas

Are you planning travel in any difficult terrain (e.g. safaris, jungle exploring or travel in difficult terrain)? YES NO

If you answered yes please give details:

Medical History Details:

List all chronic medical conditions you have (e.g. diabetes, heart or lung conditions)

List all your current medications (including oral contraception)

Are you allergic to anything (e.g. penicillin, eggs or nuts)?

YES

NO

Please list:

Have you had a serious reaction to a vaccine in the past?

YES

NO

Which vaccine was it?

Are you pregnant, planning pregnancy or breast feeding?

YES

NO

Do you or any of your close family members have epilepsy?

YES

NO

Do you have any history of mental illness,
including depression or anxiety?

YES

NO

Are you currently suffering from any infection (e.g. flu)?

YES

NO

Is there any further information that might be relevant? If so, please provide details.

Vaccination History:

Have you ever had any of the following vaccinations/tablets and if so, when?

Tetanus	YES	<input type="checkbox"/>
Polio	YES	<input type="checkbox"/>
Typhoid	YES	<input type="checkbox"/>
Diphtheria	YES	<input type="checkbox"/>
Hep A	YES	<input type="checkbox"/>
Hep B	YES	<input type="checkbox"/>
Meningitis	YES	<input type="checkbox"/>
Yellow Fever	YES	<input type="checkbox"/>
Influenza	YES	<input type="checkbox"/>
Rabies	YES	<input type="checkbox"/>
Tick Borne Encephalitis	YES	<input type="checkbox"/>
Jap B Encephalitis	YES	<input type="checkbox"/>
Malaria Tablets	YES	<input type="checkbox"/>
Other	YES	<input type="checkbox"/>

Remember!

If you are currently taking any medication make sure that you have enough supplies to last the duration of your trip.