

TRAVEL HEALTH QUESTIONNAIRE:

Please note vaccinations are required to be returned to the surgery within one hour of picking up from the pharmacy to ensure the cold chain is not broken!

NAME:.....

ADDRESS:.....

D.O.B:.....

GENDER:

M F

DATE OF DEPARTURE/RETURN:.....

COUNTRY TO BE VISITED	LENGTH OF STAY	PURPOSE

TYPE OF ACCOMODATION: HOTEL, RELATIVES/FAMILY, OTHER.....

STAYING IN AN AREA WHICH IS: URBAN, RURAL, OTHER.....

Do you have any recent or past medical history? (Including diabetes, heart or lung conditions)

Do you have any allergies for example to eggs, antibiotics, nuts?

Have you recently undergone radiotherapy, chemotherapy, or steroid treatment?

Women only: Are you pregnant or planning a pregnancy or breastfeeding?

Vaccination history?

FOR MALARIA - PLEASE SEE NURSE (£10 CHARGE)

For discussion when risk assessment is performed within your appointment: I have no reason to think that I am pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed:.....

Date:.....