

Appointment Date:

Appointment Time:

Nurse:

A completed travel questionnaire **MUST** be handed in before making a travel appointment

Travel Health Questionnaire and Declaration

Please complete a form for each member of your party.
 Please return the completed questionnaire **at least 4 weeks** prior to you date of departure where possible.
 Please be aware for complex travel (multiple destinations you must make appointment with a specialist travel clinic)

| | |
|--------------------------------|---------------------------------|
| <u>Personal details</u> | |
| Name: | Title: |
| Date of Birth: | Male / Female |
| Nationality: | |
| Home address: | |
| Postcode: | GP Practice: |
| Home telephone number: | Email: |
| Mobile phone number: | |
| Date of Departure: | Complete Length of trip: |

Itinerary and purpose of visit (Please bring itinerary details to your appointment)

| Country and places/ cities/villages to be visited | Flying From: Flying to: | Length of stay | How close to medical help at destination / remote? |
|--|----------------------------|----------------|--|
| 1. | | | |
| 2. | | | |

| | | | | | |
|--|---|--|----------------------------------|--|--|
| TYPE OF TRIP | | | | | |
| Please provide details below to best describe your trip | | | | | |
| Business/Please/Both/Other: Please provide details: | | | | | |
| 1. Type of trip | Package | | Self organised | | Backpacking |
| | Camping | | Cruise ship | | Trekking |
| | Honeymoon | | Other Please specify : | | Volunteer Work Please specify: |
| 2. Accommodation | Hotel/Camping Provide standard: | | Family / Friends home | | Other Please specify: |
| 3. Travelling | Alone | | With family/friend* | | In a group* |
| 4. Staying in area which is | Main City | | Rural | | Altitude |
| 5. Planned activities | Safari | | Adventure | | Other Please specify: |

Please provide names of family/friends who plan to/have attended this clinic for same trip:

Any other information we should know about your trip

Do any of the following apply to you?

I'm pregnant / breastfeeding / plan to become pregnant within 3 months of travel. Yes / No

I am taking steroids or have had a joint injection for pain within last 3 months. Yes / No

I have a problem with my immune system Yes / No

Please specify:

I am allergic to drugs or food. (eg eggs/chicken)

Please specify:

I have had a previous allergy to a vaccination.

Please specify:

Have you ever suffered with: Epilepsy Yes / No

Please specify: Depression Yes / No

Skin complaints Yes / No

Recent / current chemo/radiotherapy Yes / No

Please list any medical conditions (past / current):

Please list any regular medication you are taking:

Vaccination history (please bring any evidence of previous vaccines to appointment)

As far as you know are you up to date with your childhood vaccinations? Yes / No

Any further information on this you think we should know:

Please select: Has your GP/other provider supplied all vaccines required other than: yellow fever/Japanese encephalitis/malaria tablets/Tick borne encephalitis/Cholera/Tuberculosis/Other

Please provide dates of the following vaccinations / malaria tablets

| | | | | | |
|------------|--|--------------|--|------------------------|--|
| Tetanus | | Polio | | Diphtheria | |
| Typhoid | | Hepatitis A | | Hepatitis B | |
| Meningitis | | Yellow Fever | | Influenza | |
| Rabies | | Jap B Enceph | | Tick Borne | |
| Cholera | | MMR | | Malaria tablets | |
| BCG | | | | | |

**PLEASE RETURN COMPLETED FORMS TO GP RECEPTION
APPOINTMENTS WILL NOT BE MADE WITHOUT A COMPLETED TRAVEL QUESTIONNAIRE**

**THERE ARE SOME USEFUL WEBSITES BELOW THAT YOU MAY WISH TO LOOK AT FOR
INFORMATION PRIOR TO YOUR APPOINTMENT:**

www.fitfortravel.nhs.uk

www.malariahotspots.co.uk

www.fco.gov.uk (add Nathnac)

Declaration

Patients requesting a travel appointment with the nurse must be aware that this practice provides a basic travel provision which consists of basic travel advice and vaccinations, we are not a travel clinic and therefore if specialist travel advice is required or specialist vaccinations (such as rabies or yellow fever) then this should be sourced from a specialist travel clinic (Details available at reception).

The following vaccinations are offered by the practice:

Hepatitis A

Hepatitis B

Typhoid (subject to availability)

Tetanus, Diphtheria, and polio combined.

If any other vaccinations are required we may advise this, but will not be able to provide further details. Furthermore patients are responsible for ensuring that they make a travel appointment well in advance of travelling so that any vaccinations given have chance to become effective, as instant immunity is not given.

I hereby sign to state that I have read the above declaration and understand that this practice will provide me with basic travel advice and vaccinations and that I am aware that specialist advice or vaccinations should be sourced at a specialist travel clinic

Signed: Date:

FOR NURSES USE

Childhood vaccinations complete/ up to date?

Recommendations

| | | |
|----------------------------|-----------------------|--|
| Hepatitis A | Men ACWY (chargeable) | For immunisations not in red patient to attend travel clinic |
| Hepatitis B | Dip/Tet/Pol | |
| Typhoid | Other: | |
| Malaria Tablets(PrivateRx) | Source: (eg nathnac) | |

R: Required A: Administered C: Covered