

Official use: Practice Nurse----- Owlsmoor/Sandhurst

GP:.....

scan / file

Appointment date -----Appointment time

Pre Travel Questionnaire

To help us give you the correct advice it is *essential* to complete this form and return it to the surgery at least 1 week before your appointment. It is advisable to book your Travel Health Clinic appointment as early as possible, vaccines take at least 2 to 4 weeks to be fully effective. **IF THE FORM IS NOT RETURNED IN TIME YOU WILL HAVE TO GO TO A PRIVATE CLINIC. PLEASE FILL IN A QUESTIONNAIRE FOR EACH FAMILY MEMBER TRAVELLING. SOME VACCINES INCUR A CHARGE SO PLEASE ENSURE YOU HAVE MEANS OF PAYMENT – PLEASE NOTE WE CANNOT TAKE CREDIT/DEBIT CARDS**

Name	
Address & telephone number	
Date of birth	Age
Destination (please list all countries)	
Type of destination (please circle)	City/rural/beach resort/other (please specify)
Date of departure	
Length of stay in each country	
Type of transport (please circle)	Air/sea/overland
Reason for trip (please circle)	Holiday/cruise/backpacking/business/VFR/aid worker/other (please specify)
Type of accommodation	Hotel/hostel/family home/camping/other (please specify)
High risk activities	None White water rafting/trekking/paragliding/diving/exploring/other (please specify)
Previous travel vaccinations (please list all with dates and bring any written evidence to your appointment)	
Previous serious reaction to a vaccine or malaria tablets (if yes please give details)	
Current history	Fits or epilepsy/psoriasis/diabetes/heart problems/chest problems/cancer treatment/recent surgery/pregnant/breastfeeding/other (please specify)
Current medication (please list all drugs)	
Allergy to drugs or food (please specify)	
To be completed at time of appointment Consent to receive travel vaccines recommended.	I have been informed of the reasons for and possible side effects of the vaccines recommended for this trip. <ul style="list-style-type: none"> • I give my consent to receive the said vaccines. • I give consent for my child(ren) to receive the said vaccines. (please delete as appropriate) Signature _____ Name _____

PLEASE NOTE THAT THERE IS A CHARGE FOR SOME VACCINATIONS