

# Havelock Grange Practice

## Travel Health Questionnaire



Before any travel appointment can be arranged please complete the following form in full for each member of your party and return it to the Practice at least 4 weeks prior to the date of departure where possible. This questionnaire will be passed on to a Health Professional who will assess what vaccinations are required for your chosen destination.

On completion of this, you will be contacted to arrange your travel appointment, where any vaccinations required for your trip will be administered. However there may be some vaccinations that are only available via a Travel Health Clinic.

Personal Details							
Name:							
Date of birth:		Male/Female	Email:				
Tel number:				Mobile number:			
Please supply information about your trip							
Date of departure:				Total length of trip:			
Country to be visited (if multiple please list all)		Exact location (this is important)		City/Rural or Trekking		Length of stay	
1							
2							
Type of travel							
1) Type of trip		Business		Pleasure		Other	
2) Holiday type		Package		Self organised		Backpacking	
		Camping		Cruise ship		Trekking	
3) Accommodation		Hotel		Relatives home		Other	
Please supply details of your personal medical history							
List all chronic medical conditions that you have (eg. diabetes, heart, lung conditions, epilepsy)							
Are you receiving radiotherapy, chemotherapy, steroid treatment or any other medication that lowers your immune system?							
Have you ever had a serious reaction to a vaccine given to you before? If so which one was it?							
Any further information that may be relevant?							
Do you have any allergies for example to eggs, nuts or antibiotics?							
Women only							
Are you pregnant?	Yes/No	Are you breastfeeding?	Yes/No	Planning pregnancy?	Yes/No	If yes, when?	

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For Practice use only:

Practice Nurse to complete			
Name of Practice Nurse completing form:		Date completed:	
Appointment date?		Appointment time?	
Appointment duration?		Appointment with?	
Patient contacted?	Yes/No	Contacted by who:	
If no, why?			

Recommended vaccinations for travel (please tick)					
BCG		Japanese encephalitis		Tetanus/polio/diphtheria	
Cholera		Meningitis		Tick borne encephalitis	
Hepatitis A		MMR		Typhoid	
Hepatitis B		Pneumococcal		Yellow Fever	
Influenza		Rabies		Other	
Notes (if any):					

Malaria Prophylaxis Advised					
Chloroquine		Proguanil		Doxycycline	
Atovaquone/Proguanil		Mefloquine		None	
Notes (if any):					