THE QUAY SURGERY

TRAVEL VACCINATION QUESTIONNAIRE

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| Please complete this form and return it to the receptionist.The Practice Nurse will return this form to you by post and, if necessary, contact you by phone to discuss your holiday requirements. Please use reverse side of form if you need to. |
| NAME | DATE OF BIRTH |
| ADDRESS  |  |
|  | TEL |
| **DESTINATIONS** – COUNTRY AND RESORT (Include any stopovers on the journey) |
| REASON FOR TRAVEL Holiday / Work | LENGTH OF STAY |
| DATE OF TRAVEL | TYPE OF ACCOMODATION (e.g. hotel, self catering, camping, backpacking, etc ) |
| Please list any ALLERGIES | Please list all **REGULAR ALTERNATIVE MEDICATIONS** not prescribed by the doctor e.g. **VITAMINS & HERBAL REMEDIES** |
| Are you **pregnant** or might you be before you travel? Yes / No |
| **PREVIOUS INJECTIONS** (Ask for help if you need it. State if you have had any previous adverse reactions) |
|  | INJECTION | Yes / No | Date | INJECTION | Yes / No | Date |  |
| Tetanus |  |  | Hepatitis A |  |  |
| Polio |  |  | Hepatitis B |  |  |
| Rabies |  |  | Cholera |  |  |
| Yellow fever |  |  | Meningitis A/C |  |  |
| Tuberculosis |  |  | Malaria |  |  |
| Typhoid |  |  |  |  |  |
| Have you had a blood test for Hepatitis A or B? Yes / No |
| Patient signature  | Date |

Please add any additional information below: