UNIVERSITY HEALTH SERVICE TRAVEL QUESTIONNAIRE

Please also bring to your appointment: Your Vaccination Record (Childhood/ Travel) and Travel Itinerary

Surname:________________________________ **First Name:**__________________________________**D.O.B**___ / ___ / ____
dd/mm/yyyy)

Country of Birth:____________________ **In which country(s) did you spend your childhood?**______________________

Did you complete your Childhood Immunisation? **YES** ☐ **NO** ☐ **Unsure** ☐

Date of Departure: ____ / ____ / ____ (dd/mm/yyyy) **Date of Return:** ____ / ____ / ____ (dd/mm/yyyy)

Reason for Trip

☐ Business / Work	☐ Cruise / Tour	☐ Volunteer/Mission	☐ Visiting Family/Friends	☐

Activities planned during travel

☐ Rural / Remote	☐ Diving	☐ High Altitude	☐ Climbing	☐ Caving
☐ Urban / City	☐ Snorkelling	☐ Surfing	☐ Camping	☐

Complete your travel Itinerary (preferably in Chronological order)

Country	Region: Urban / Rural	Length of stay	Month of the Year	Type of travel (eg Bus / Backpack)	Type of accommodation Hotel/ Home Stay

Known Medical Conditions: **None** ☐ OR Indicate Below √ **Discuss the following answers at Appointment**

	Yes	No		Yes	No		Yes	No
Heart Condition / Arrhythmia/ Palpitation			Seizure Disorder			Recent Cancer/ Leukaemia etc		
High Cholesterol			Mental Health Condition			Immune System Disorder		
High Blood Pressure			Skin Disease (Psoriasis etc)			Spleen removed / No spleen		
Diabetes			Pregnant / Planning Pregnancy			Recent Chemotherapy		
Lung Condition			Organ/ Bone Marrow transplant			Recent Radiation		
Asthma			Family History: DVT/ blood clots			Other:		
Digestive Tract Problems			Blood Donor? Date of donation					
Heartburn / Acid Reflux			Recent Surgery or Planned Surgery:					

Medication Review

	Yes	No		Yes	No
Drug / Medication / Other Allergies? List: Describe Reaction:			Have you previously taken Anti malarials? List:		
Do you take any Medication (ie Contraception / Over the counter drugs/ herbal remedies)? List:			Did you have an adverse Reaction to them? Describe Reaction:		
Other:					

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