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## PRACTICE TRAVEL QUESTIONNAIRE

Name: \_\_\_\_\_ Others in Party: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

(if relevant to travel i.e. Health Worker/Vet Construction)

**Regularly Contactable Numbers:**

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

<b>Travel Itinerary</b>	<b>Date of Departure:</b>
	<b>Destination(s):</b> <i>It is really important that you are precise in detailing where you are going as this affects the immunisations that you need. Eg to say India is too broad a description.</i>
	<b>Duration of Stay: (In each Place)</b>
	<b>Accommodation:</b> Hotel <input type="checkbox"/> Hostel <input type="checkbox"/> Family Home <input type="checkbox"/> Camping <input type="checkbox"/> Other <input type="checkbox"/> Please provide details if Other
	<b>Reason for Trip:</b> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Visiting Friends or Relatives <input type="checkbox"/> Backpacking <input type="checkbox"/> Aid Worker <input type="checkbox"/>
	<b>High Risk Activities:</b> White Water Rafting <input type="checkbox"/> Trekking <input type="checkbox"/> Paragliding <input type="checkbox"/> Diving <input type="checkbox"/> Exploring <input type="checkbox"/>
	<b>Insurance:</b> Have you notified your insurance company of any pre existing medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Previous Serious Reaction to a vaccine:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes details please:
<b>Medical History</b>	<b>Medical History:</b> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Problems <input type="checkbox"/> Cancer Treatments <input type="checkbox"/> Recent Surgery <input type="checkbox"/>
	<b>Current History:</b> Immuno-suppressed <input type="checkbox"/> HIV <input type="checkbox"/> Febrile <input type="checkbox"/> Breast Feeding <input type="checkbox"/> Pregnant <input type="checkbox"/> Planning Pregnancy <input type="checkbox"/>
<b>Vaccination Required (For nurse only)</b>	

Please ensure that you complete ALL details/areas to the best of your ability/knowledge as this will enable the Nursing Team to deal with your query swiftly and effectively. Many Thanks