**BUDLEIGH SALTERTON MEDICAL CENTRE**

**TRAVEL QUESTIONNAIRE**

If you require any vaccinations relating to foreign travel you need to fully complete this questionnaire and return it to the practice. Once this has been received an initial 10 minute telephone appointment will be made for you with **our practice nurse** to discuss your travel arrangements.

It is important to make this initial telephone appointment as early as possible - at least 6 weeks before you travel - as a second appointment will be required with the practice nurse to actually receive the vaccinations.  These vaccines have to be ordered as they are not a stock vaccine.  Your second appointment needs to be at least 2 weeks before you travel to allow the vaccines to work.

Some travel vaccines are ordered on a private prescription and these incur a charge over and above the normal prescription charge.  This is because not all travel vaccinations are included in the services provided by the NHS.

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| **PERSONAL DETAILS** |

Full Name: ………………………………………………………………………………… Date of Birth: …................

Address: …………………………………………………………………………………… Post Code: ……………….

Home Number: ……………………………….………… Mobile Number: ………….……………………..………….

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| **TRIP DATES** |

Departure: ………………………………….…………… Duration in Days: …………...…………..………………….

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| **ITINERY (in date order)** |

Country: …………………….…..…………. Dates: ………..………….………………. Duration in Days: …...…….

Country: …………………….…..…………. Dates: ………..………….………………. Duration in Days: …...…….

Country: …………………….…..…………. Dates: ………..………….………………. Duration in Days: …...…….

Country: …………………….…..…………. Dates: ………..………….………………. Duration in Days: …...…….

Country: …………………….…..…………. Dates: ………..………….………………. Duration in Days: …...…….

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| **TRIP DESCRIPTION (please circle)** |

Purpose of trip: Business / Pleasure / Other

Type of trip: Package / Self Organised / Backpacking / Camping / Cruise Ship / Trekking/ Other

Accommodation: Hotel / Family or Friends / Other

Travelling: Alone / With Family or Friends / In a Group

Location Type: Urban / Rural / Altitude

Activity Type: Safari / Adventure / Other

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| **PERSONAL MEDICAL HISTORY** |

List of all chronic medical conditions which you have (eg diabetes, heart or lung conditions)

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List all allergies which you have (eg eggs, nuts, antibiotics)

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List all of your current and regular medications (including oral contraceptive pill)

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Have you recently suffered from any infection (eg cold, flu, high temperature)? YES / NO

Does having an injection cause you to feel faint? YES / NO

Do you or any close family member have epilepsy? YES / NO

Do you have a history of mental illness including depression or anxiety? YES / NO

Have you recently undergone radiotherapy, chemotherapy or steroid treatment? YES / NO

Have you taken out travel insurance? YES / NO

If you hve a medical condition have you told your insurance company about it? YES / NO

Are you pregnant, planning pregnancy or breast feeding? YES / NO

Please add any further information which might be relevant

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| **VACCINATION HISTORY – Have you ever had any of the following, if so when?** |

Tetanus YES / NO Date: ……...……… Polio YES / NO Date: ……...………

Diphtheria YES / NO Date: ……...……… Typhoid YES / NO Date: ……...………

Hepatitis A YES / NO Date: ……...……… Hepatitis B YES / NO Date: ……...………

Meningitis YES / NO Date: ……...……… Yellow Fever YES / NO Date: ……...………

Influenza YES / NO Date: ……...……… Rabies YES / NO Date: ……...………

Jab B Enceph YES / NO Date: ……...……… Tick Borne YES / NO Date: ……...………

Malaria Tablets YES / NO Date: ……...……… Any Other ………………………………………..

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| **SIGNATURE** |

Signed: ……………………………………………….. Date: …………………………………………………….