

Travel Vaccination Questionnaire

Please complete this form and return it to the receptionist for the Practice Nurse to review.

Personal Details						
Name:		Date of birth:		Male () Female ()		
Telephone number:		Email:				
Dates of trip						
Date of departure:						
Return date or overall length of trip:						
Country to be visited in order		Length of stay in days		Staying in a remote area?		
1.						
2.						
3.						
4.						
5.						
Please tick at appropriate below to best describe your trip:						
Types of trip	Business		Pleasure		Other	
Holiday type	Package		Self-organised		Backpacking	
	Camping		Cruise ship		Trekking	
Accommodation	Hotel		Relatives/family home		Other	
Travelling	Alone		With family/friend		In a group	
Staying in area which is	Urban		Rural		Altitude	
Planned activities	Safari		Adventure		Other	
Are you, or do you have any of the following:						
Any allergies					NO	YES
Any adverse reaction to immunisations						
Pregnant or breastfeeding						
Planning pregnancy in the next 6 months						
Suffering from a chronic illness						
Taking steroids						
History of epilepsy						
History of psychiatric illness including anxiety / depression						
Suffering from cancer						
Receiving radiotherapy or chemotherapy						
Suffering from an autoimmune disease						
At risk of being HIV positive						
Have you ever had any of the following vaccinations / malaria tablets? If so, when?						
Tetanus		Polio		Diphtheria		
Typhoid		Hepatitis A		Hepatitis B		
Meningitis		Yellow Fever		Influenza		
Rabies		Tick Borne		Malaria		
Japanese encephalitis				Other vaccinations?		

To sign and date when risk assessment has been performed within your appointment.

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had opportunity to ask questions. I consent to the vaccines being given.

Signed:

Date:

FOR PRACTICE NURSE TO COMPLETE:

Patient Name:

Travel risk assessment performed: YES () NO ()

Travel vaccinations recommended for this trip

Disease protection	Yes	No	Further information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese Encephalitis			
Other:			

Travel advice and leaflets given as per travel protocol

Food water and personal hygiene advice	
Travellers' diarrhoea	
Blood and bodily infection risks, e.g. Hepatitis B and HIV	
Insect bite prevention	
Animal bites	
Accidents	
Insurance	
Air travel	
Sun and heat protection	
Websites	
Travel records card supplied	
Other:	

Malaria prevention advice and malaria chemoprophylaxis

Chloroquine + proguanil	
Chloroquine	
Doxycycline	
Atovaquone + proguanil	
Mefloquine	
Malaria advice leaflet given	

Signed by:

Date: