



If you require a printout of your immunisations history please ask Reception.

TRAVEL QUESTIONNAIRE

TO BE COMPLETED BEFORE APPOINTMENT MADE WITH PRACTICE NURSE

Once you have completed your questionnaire please hand into reception and we will contact you to book in for an appointment. Incomplete questionnaires will be returned.

Please be aware we only provide **NHS vaccines - Hep A, Typhoid and Diphtheria, Tetanus, Polio.**
 Cholera vaccine may also be supplied via NHS prescription if required.
 If you require other vaccines please contact a private travel clinic.
(Kamson's Pharmacy next door to us offer a travel clinic service)

What Vaccines Do You Require?

Please visit the following websites to find out what vaccines you require for the country you are visiting. Vaccine advice changes frequently so it is important to be aware of any risks and which vaccines you need to make an appointment for.

- NaTHNaC** www.travelhealthpro.org.uk
- FIT FOR TRAVEL** www.fitfortravel.nhs.uk

Vaccines you require:

Personal details

Name	Date of birth
Tel No (home/mobile) Can message be left? YES/NO	Male () Female ()

Details of travel

Date of travel: <small>(If this date is in less than 8 weeks, you may prefer to contact a Private Travel Clinic or a local Pharmacy that offers the service)</small>	Length of stay:
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Countries to be visited

1	2
3	4
5	6

Accommodation

Hotel Back packing Living and working with local people (circle as appropriate)

Personal medical history

Do you have any recent or past medical history of note? (including diabetes, heart or lung problems)

List any current or repeat medications
Do you have any allergies, for example to eggs, antibiotics, nuts?
Have you ever had a serious reaction to a vaccine given to you in the past?
Does having an injection make you feel faint?
Do you or any close family members have epilepsy?
Do you have any history of mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Are you pregnant or planning pregnancy or breast feeding?
Please write below any further information which may be relevant

Vaccination history

Have you ever had any of the following vaccinations and if so, when?		
Tetanus	Polio	Diphtheria
Typhoid	Hepatitis A	Cholera

If you are uncertain of your immunisation history, please ask reception to print a copy of your immunisation summary for you to help you complete this form

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 the opportunity to ask questions. I consent to the vaccines being given.

Signed	Date
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FOR OFFICIAL USE
Travel vaccines recommended for this trip

Disease protection	Yes	No	Further information
Hepatitis A			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			

Signed by
Position
Date