

DR'S LAU, WILSON & SHEWARD

TRAVEL HEALTH QUESTIONNAIRE

Please complete this form and return it to the surgery at least 1 week before your first appointment for travel health advice

Where possible, make an appointment at least 4-6 weeks before your departure

A form should be completed for each person that will be traveling

Name.....

DOB Tel No.....

Please List the countries to be visited, including any stopovers
{Stopovers should include short stays in airport terminals}

Date of Departure.....

Country/ies.....
.....

Resort/s.....
.....

Length of stay.....

What is the purpose of your travel?

- Holiday YES / NO
- Visiting Relatives/Friends YES / NO
- Work- What type of work
- Other-Please give details
.....

**Which type of accommodation do you intend to use while abroad?
{E.g. Hotel, self catering, camping or with relatives/friends}**

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Please tick the following vaccinations that you have been given and the dates you had them.
If you cannot remember the exact date, please estimate the nearest month/year.

<u>Vaccine</u>	<u>Date Given</u>	<u>Comment</u>
Hepatitis A.....		
Typhoid.....		
Polio.....		
Tetanus.....		
Yellow Fever.....		
Hepatitis B.....		
Meningitis AC.....		
Diphtheria.....		
Malaria Prophylaxis.....		

Have you had any previous reactions to immunisations?
If so please give details

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Do you currently taken any medication YES / NO
If yes please give details

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Are you pregnant? YES / NO

**THANK YOU FOR COMPETING THIS FORM HAND IT INTO THE SURGERY
AND MAKE YOUR APPOINTMENT FOR TRAVEL ADVICE AS SOON AS
POSSIBLE**