

## PRE TRAVEL HEALTH QUESTIONNAIRE

<b>Your personal details</b>	
Name:	
Date of birth:	
Daytime phone number:	
Current health problems:	
Are you on any regular medications:	
Do you have any allergies:	
Pregnant or planning a pregnancy?	
Disabilities or special needs:	

<b>About your trip</b>	
Date of departure from UK:	
Date of return to UK:	
Reason for travel – please circle	Holiday/visiting friends or family /business backpacking/other – please specify
Mode of travel – please circle	Plane/boat/coach/car/other

Countries, to be visited in order (include regions)	Length of stay in each country	Accommodation: Rural/city/Hotel/family camping/backpacking/cruise ship etc	Proposed activities: Sightseeing/ski/climbing water sports/trekking etc	Away from medical help Y/N

**Have you ever had any of the following vaccinations or taken malaria tablets? Give dates if possible**

Tetanus		Polio		Diphtheria	
Hepatitis A		Typhoid		Hepatitis B	
Yellow Fever		Rabies		Meningitis ACWY	
BCG (TB)		Jap B encephalitis		Tick borne encephalitis	
Cholera		Malaria tablets Which?			

Please return completed form to Crossley Street Surgery, Crossley Street, Wetherby, Leeds LS22 6RT

(This section is for the surgery to complete and return to you, prior to your appointment. **Please collect the completed form, with the nurse’s vaccination and travel advice, from the surgery after 3 -5 working days, then bring this with you to your travel consultation with the Practice Nurse)**

**Recommended vaccinations for proposed trip**

Vaccination recommended	May be required – to discuss at appointment	Cost of vaccine	Recommended reading (on website or attached leaflets)

Please make a travel appointment of 10 minutes/ 20 minutes duration (nurse to indicate) with Sister.....if possible

Please be aware that certain travel vaccinations are not funded by the NHS so you will be charged for them at the time of vaccination. The practice will accept cash or cheques, but not credit cards.

**Recommended websites for further information:**

- www.fitfortravel.nhs.uk
- www.fco.gov.uk
- www.nhs.uk
- www.nathnac.org
- www.masta-travel-health.com
- www.doh.gov.uk

To be completed at the travel consultation:

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 agree to the vaccines being given. I have been given both verbal and written travel health advice pertaining to my trip and advice on where I can obtain further information from.

Risks discussed and/or leaflets given	Yes	No	N/A
Bite avoidance			
Food/water hygiene			
Blood borne viruses			
Rabies			
Travel Insurance			
Accidents/Safety			
Fresh water diseases			
Sun protection			
Country specific (Travax)			
Other, specify			

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Signed.....Date.....

Travel consultation completed by.....(Practice Nurse)