

WELLS CITY PRACTICE – FOREIGN TRAVEL QUESTIONNAIRE

Personal details Name: Easiest contact telephone no.: E Mail:		Date of birth: Male [] Female []				
Date of departure:						
Return date or overall length of trip:						
Country & location to be visited	Length of stay	Away from medical help at destination, if so, how remote?				
1.						
2.						
3.						
Do you plan to travel abroad again in the future?						
Please tick as appropriate below to best describe your trip						
1. Type of trip	Business		Pleasure		Other	
2. Holiday type	Package		Self organised		Backpacking	
	Camping		Cruise ship		Trekking	
3. Accommodation	Hotel		Relatives/ Family home		Other	
	Alone		With family/friend		In a group	
5. Staying in an area which is	Urban		Rural		Altitude	
	Safari		Adventure		Other	
6. Planned activities						
Personal medical history						
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)						
List any current or repeat medications						
Do you have any allergies for example to eggs, antibiotics, nuts or latex?						
Have you ever had a serious reaction to a vaccine given to you before?						
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 recent undergone radiotherapy, chemotherapy or steroid treatment?						
<u>Women only:</u> Are you pregnant or planning pregnancy or breastfeeding?						
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?						
Please write below any further information which may be relevant						

I have no reason to think 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:

FOR OFFICIAL USE				
Patient name:				
Travel risk assessment performed: Yes [] No []				
Travel vaccinations recommended for this trip				
Disease protection	YES	NO	Patient declined Vaccination	Vaccine name, dose & schedule
Hepatitis A				
Hepatitis B				
Typhoid				
Cholera				
Tetanus				
Diphtheria				
Polio				
Meningitis ACWY				
Yellow Fever				
Rabies				
Japanese B Encephalitis				
Other				
Travel advice and leaflets given as per travel protocol				
Food, water & personal Hygiene advice			Traveller's diarrhoea	
Blood & bodily fluid infection risks eg, Hepatitis B			Insect bite prevention	
Animal bites			Accidents	
Insurance			Air travel	
Sun & heat protection			Websites	
			Travel record card supplied	
Other				
Malaria prevention advice and malaria chemoprophylaxis				
Chloroquine & proguanil			Atovaquone + proguanil	
Chloroquine			Mefloquine	
Doxycycline			Malaria advice leaflet given	
Further information				
e.g. weight of child				
Authorisation for Patient Specific Direction (PSD) use				
Signature:..... Date:				
Print Name:				