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| **Howden Medical Centre Travel Vaccination Questionnaire** | |  |  |
| Please fill in and return to the Practice **12 weeks** prior to travel | |  |  |
| **Personal details:** |  |  |  |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Dates of trip: From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Overall length of trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  |  |
| **Please tick below as appropriate to best describe your trip:** | |  |  |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Type of trip** | Business |  | Pleasure |  | Other (Specify) |  |
| **Holiday type** | Package |  | Self-organised |  | Trekking |  |
| Camping |  | Cruise ship |  | Other |  |
| **Accommodation** | Hotel |  | Relatives/family home |  | Other |  |
| **Travelling** | Alone |  | With family/friend |  | In a group |  |
| **Staying in an area which is** | Urban |  | Rural |  | High altitude |  |
| **Planned activities** | Safari |  | Adventure |  | Other |  |

**Itinerary and purpose of visit:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Countries to be visited** | **Areas/cities to be visited** | **Length of stay** | **Away from medical help at destination, if so, how remote?** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| **Any future travel plans?** | | | |

**Medical History:**

|  |  |
| --- | --- |
| **Do you have any medical history we might not be aware of? (e.g., private care)** |  |
| **Do you have any allergies?** |  |
| **Have you ever had a serious reaction to a vaccine given to you before?** |  |
| **Does having an injection make you feel faint?** |  |
| **Women only: Are you pregnant, planning pregnancy or breastfeeding?** |  |
| **Have you taken out travel insurance, and if you have a medical condition, have you informed the insurance company about this?** |  |
| **Any other relevant information we should know about?** |  |

Vaccinations:

Have you received any vaccines elsewhere that we might not know about?

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