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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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