

## 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:**

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:**

<p><b>Do you have any medical history we might not be aware of? (e.g., private care)</b></p>	
<p><b>Do you have any allergies?</b></p>	
<p><b>Have you ever had a serious reaction to a vaccine given to you before?</b></p>	
<p><b>Does having an injection make you feel faint?</b></p>	

<p><b>Women only: Are you pregnant, planning pregnancy or breastfeeding?</b></p>	
<p><b>Have you taken out travel insurance, and if you have a medical condition, have you informed the insurance company about this?</b></p>	
<p><b>Any other relevant information we should know about?</b></p>	

**Vaccinations:**

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

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