

**PENISTONE GROUP PRACTICE**  
**TRAVEL QUESTIONNAIRE**

Personal details					
Name:			Date of Birth: Male [ ] Female [ ]		
Easiest contact telephone number:					
Date of appointment:					
Dates of trip					
Date of departure:					
Return date or overall length of stay:					
Itinerary and purpose of visit					
Country to be visited		Length of stay		Away from medical help at destination? If so, how remote?	
1.					
2.					
Future travel plans					
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
4. Travelling	Alone		With family/friend		In a group
5. Staying in area which is	Urban		Rural		Altitude
6. Planned activities	Safari		Adventure		Other
<b>Please visit the following websites before your appointment: Fit for travel &amp; Malaria hotspots</b>					
Personal medical history					
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)					
Do you have any allergies? e.g. eggs, antibiotics, nuts?					
Have you ever had a serious reaction to a vaccine given to you before?					
Does having an injection make you feel faint?					
Do you have any history of mental illness including depression or anxiety?					
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
<b>Women only:</b> Are you pregnant or planning pregnancy or breast feeding?					
Have you taken out travel insurance? If you have a medical condition have you informed the insurance company about this?					
Please write below any further information which may be relevant					

Vaccination history					
Have you every had any of the following vaccinations/malaria tablets and, if so, when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria tablets					

For discussion when risk assessment is performed within your appointment:

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 have had the opportunity to ask questions. I consent to the vaccines being given.

Signed:

Date:

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Travel risk assessment performed?      Yes [ ]      NO [ ]			
Travel vaccines recommended for this trip			
Disease protection	Yes	NO	Further information
Hepatitis A			
Hepatitis B			
Typohoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encaphalitis			
Other			

Travel advice			
Food, water & personal hygiene advice		Travellers' diarrhoea	Hepatitis B & HIV
Insect bite prevention		Animal bites	Accidents
Insurance		Air travel	Sun & heat protection
Websites:      Fit for Travel Malaria hotspots			

Malaria prevention advice and malaria chemoprophylaxis			
Chloroquine & Proguanil		Atovaquone + Proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	

Further information
e.g. weight of child