

Pre-Travel Questionnaire

The information on this form will help your nurse to find out if you may need any vaccinations before you travel to help keep you healthy on your trip. This form should be given to you nurse when you visit the surgery. Please complete all details about your planned trip.

Name:	Date of departure:
Date of birth:	Date of return:

Please give details of the resort/region as well as the country. Remember to list countries you will be travelling through as well as those you will be staying in.

I will be visiting the following countries	Time in country (days)	Purpose of trip e.g. holiday/visiting relatives. Include any at-risk activities planned	Type of accommodation eg hotel/hostel/campsite/boat

Do you plan to travel abroad again in the future?

Medical History

Please give any conditions that may affect your travel plans e.g. pregnancy, diabetes, heart, thymus or spleen problems, HIV/Aids or allergies.

Allergies: (e.g. eggs antibiotics)
Women only: Are you pregnant or planning pregnancy or breast feeding?

I have received travel information and advice on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions.

I consent to the vaccines being given.

Patient Signature:	Date:
Print Name:	
Nurse Signature:	Date:
Print Name:	

Before you travel

- Make sure you get adequate travel insurance for all the activities you're planning on taking part in.
- Pack a first aid kit, including a sterile kit of emergency equipment if your are going somewhere remote.
- Make sure that you have adequate supplies of your prescription medication. Check with the airport and airline for any restrictions they may have on travelling with medicines or administrative devices
- Have you had a recent dental and medical check-up?
- Find out more about the region you are travelling to by visiting The Foreign Office website and for advice on specific countries [www.fco.gov.uk]