HANSCOMBE HOUSE SURGERY TRAVEL QUESTIONNAIRE
PLEASE COMPLETE IN BLOCK CAPITALS

PLEASE TELEPHONE THE SURGERY 48 HOURS AFTER COMPLETION

Please note that we are not always able to provide appointments for holiday/travel vaccinations at short notice. Therefore, as most vaccinations need to be completed at least six weeks before departure, if you are intending to travel in less than six weeks and we are unable to complete the course of vaccinations in time to guarantee full immunity we may advise you to make arrangements to have your vaccinations at a private travel clinic. The nearest travel clinic is located at Dolphin House Surgery in Ware, telephone number 07873 876648.

Personal Details		
Name:		Date of Birth: Male ( ) Female ( )
Easiest Contact Telephone Number:		
E mail address:		
Trip Details		
Departure Date:	Number of Days Away:	Return Date:
Itinerary		
Country/region to be visited	Length of stay	Is this a remote location?
1.		Yes ( ) No ( )
2.		Yes ( ) No ( )
3.		Yes ( ) No ( )
4.		Yes ( ) No ( )
Please tick as appropriate below to best describe your trip		
Type of trip: Business ( ) Pleasure ( ) Other ( )		
Holiday type: Package ( ) Self Organised ( ) Backpacking ( ) Camping ( ) Cruise Ship ( ) Trekking ( ) Other please state:		
Accommodation: Hotel ( ) Staying with relatives/family home ( ) Other please state:		
Travelling: Alone ( ) With family/friend ( ) In a group ( )		
Is the area in which you are staying: Urban ( ) Rural ( ) Altitude ( )		
Planned activities: Safari ( ) Adventure ( ) Other please state:		
Personal Medical History		
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions) Yes ( ) No ( ) If yes, please give details:		
Please list any current or repeat medications:		
Do you have any allergies? (e.g. nuts, eggs, antibiotics) Yes ( ) No ( ) If yes, please give details:		
Have you ever had a serious reaction to a vaccine? Yes ( ) No ( ) If yes, please give details:		
Does having an injection make you feel faint? Yes ( ) No ( )		
Do you or any close family members have epilepsy? Yes ( ) No ( ) If yes, please give details:		
Do you have any history of mental illness including depression or anxiety? Yes ( ) No ( ) If yes, please give details:		
Have you recently undergone radiotherapy, chemotherapy or steroid treatment? Yes ( ) No ( )		
Women only: Are you pregnant or planning pregnancy? Yes ( ) No ( )		
Women only: Are you breast feeding? (Yes) No ( )		
Have you taken out travel insurance and informed the company of any medical condition you may have? Yes ( ) No ( )		
Have you ever had Hepatitis A infection? Yes ( ) No ( ) If yes, please give details:,		
Please give any other information which my be relevant: PTO		

Vaccination History		
Have you ever had any of the following vaccinations/malaria tablets?		
Tetanus:	Yes ( ) No ( )	If yes, when?
Polio:	Yes ( ) No ( )	If yes, when?
Diphtheria:	Yes ( ) No ( )	If yes, when?
Typhoid:	Yes ( ) No ( )	If yes, when?
Hepatitis A:	Yes ( ) No ( )	If yes, when?
Hepatitis B:	Yes ( ) No ( )	If yes, when?
Meningitis:	Yes ( ) No ( )	If yes, when?
Yellow Fever:	Yes ( ) No ( )	If yes, when?
Influenza:	Yes ( ) No ( )	If yes, when?
Rabies:	Yes ( ) No ( )	If yes, when?
Jap B Enceph	Yes ( ) No ( )	If yes, when?
Tick Borne	Yes ( ) No ( )	If yes, when?
Other, please give details:		
Malaria tablets:	Yes ( ) No ( )	If yes, when?

For discussion when a travel risk assessment is performed with the practice nurse:

I have no reason to think that I may be pregnant (women only). I have received information on the risks and benefits of vaccines recommended and I have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: _____ Patient

Date: _____

For surgery use only					
Patient name:					
Travel risk assessment performed: Yes ( ) No ( )					
Travel vaccines recommended for this trip					
Disease protection	Yes ( ) No ( )	Further information			
Hepatitis A:	Yes ( ) No ( )				
Hepatitis B:	Yes ( ) No ( )				
Typhoid:	Yes ( ) No ( )				
Cholera:	Yes ( ) No ( )				
Tetanus:	Yes ( ) No ( )				
Diphtheria:	Yes ( ) No ( )				
Polio:	Yes ( ) No ( )				
Meningitis ACWY:	Yes ( ) No ( )				
Yellow Fever:	Yes ( ) No ( )				
Rabies:	Yes ( ) No ( )				
Japanese B Enceph:	Yes ( ) No ( )				
Other:					
Travel advice and leaflets given as per travel protocol					
Food, water and personal hygiene advice		Travellers' diarrhoea		Hepatitis B and HIV	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air Travel		Sun and heat protection	
Websites:					
Travel Record card supplied: Yes ( ) No ( ) Other:					
Malaria prevention and advice and malaria chemoprophylaxis					
Chloroquine and proguanil:	Yes ( ) No ( )				
Atovaquone and proguanil (Malarone):	Yes ( ) No ( )				
Chloroquine:	Yes ( ) No ( )				
Mefloquine:	Yes ( ) No ( )				
Doxycycline:	Yes ( ) No ( )				
Malaria advice leaflet given:	Yes ( ) No ( )				
Further information					
Eg weight of child:					

Signed: _____ Practice Nurse

Date: _____