**ST JOHNS SURGERY, BROMSGROVE**
**PRE TRAVEL HEALTH QUESTIONNAIRE**
**Confidential**

**If you are travelling abroad, you may need; vaccinations, malaria tablets and health advice, depending on your destination. In order for us to assess your needs properly; please complete this questionnaire, hand it into reception, then make an appointment with the Practice Nurse as soon as possible (ideally at least 4 weeks before travel). Please complete ONE FORM PER TRAVELLER as you are assessed individually. Thank you**

NAME: _____
ADDRESS: _____
_____
_____

_____

DATE OF BIRTH: _____
TELEPHONE NUMBER: _____

_____
_____

1. Please state the countries you will be visiting (please specify areas/resorts)

_____
_____

2. Please state your date of departure

_____
_____

3. Please specify your duration of stay abroad

_____
_____

4. Type of accommodation (e.g. hotel, back packing)

_____
_____
_____

5. Do you plan any safaris, jungle exploration or travel in difficult or remote areas?

_____
_____
_____

6. Will you be at any occupational health risk or will you be living or mixing closely with locals? (please give details)

_____
_____

7. Are you allergic to anything? If yes, please specify

_____
_____

8. Have you ever had a bad reaction to any vaccine or malaria tablets before? If yes, please specify

_____
_____

9. Are you taking any medication? If yes, please specify

_____
_____
_____

10. LADIES ONLY:
Are you or could you be pregnant?
Are you planning a pregnancy?
Are you trying to conceive?

11. Please tick if you have or have ever had in the past:

O Epilepsy / convulsions
O Heart problems / High blood pressure
O Kidney / Liver problems
O Asthma
O Mental health problems
O A low immunity for any reason
(e.g. anti cancer treatment, high dose steroids)
O Any other chronic illness, please specify:
_____

Please give any relevant information below:

_____
_____
_____
_____

12. Please give details of any vaccinations you have had in the past with dates

Childhood
Tetanus
Polio
Typhoid
Hep A

Yellow Fever
Meningitis
BCG (TB)
others

**13. If you are new to the surgery, please supply details of previous vaccinations from your old GP surgery**

PRACTICE USE ONLY

VACCINES HAD

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……..

VACCINES REQUIRED

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PATIENT CONSENT: I have received and understood the advice given concerning travel vaccinations and malarial advice/medication and consent to the administration of those vaccines identified above

SIGNED: …….

DATED: …….

VACCINES GIVEN

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……..

MALARIA PROPHYLAXIS:

PLEASE NOTE THERE IS A CHARGE FOR THE PRIVATE PRESCRIPTION ISSUED FOR SOME ANTI-MALARIALS AND SOME VACCINATION