

Patient Travel Questionnaire

Please complete this questionnaire and return it as soon as possible.

You may need travel vaccinations depending on the country or countries you intend to visit. As the vaccines are not immediately effective, please ask about them as soon as you have booked, ideally at least 4 weeks before travelling. Please fill in this form and hand it in to the receptionist. After two working days you can phone her and make an appointment with the practice nurse for any injections that are necessary.

Name.....

Address.....

.....

.....

Tele No.....

Date of Birth.....

1. Which countries do you intend to visit (including brief stopovers)

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2. Will you be staying in hotels or under more primitive conditions such as camping?

3. Does your journey include:

Coastal areas []

Inland areas []

4. Do you plan any safaris, jungle exploring or travel in different terrain? Will you be above 3000m altitude?

5. Departure date.....

6. Duration of stay abroad

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7. Are you pregnant or trying to conceive?

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8. Are you allergic to anything?

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9. Are you on any medication or receiving any ongoing medical treatment? Please give details.....

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Remember to take enough supplies to last until you return home.

10. Are you receiving or have you had radiotherapy within the last 6 months?

11. Have you received steroids within the last month?

12. Have you ever had any of the following vaccinations, if so when?

Typhoid []

Tetanus []

Polio []

Yellow Fever []

Hepatitis A []

13. Have you ever had an adverse reaction to any immunisation?

N.B. It is important to let us know if you are HIV positive.

Your signature.....

Date.....

Travel Vaccinations

Always refer to green book if in doubt

General contraindications:

- Pregnancy or trying to conceive
- Acute illness
- History of reaction to preceding doses
- HIV - see green book

I confirm that I have discussed the contraindications to vaccination with the practice nurse and none of them apply to me.

Patient's signature.....

Contraindications to live vaccine:

- Pregnancy
- High dose steroids
- Immunosuppressive therapy
- Malignancy
- Impaired immunity
- Within 3 months of Gamma-globulin except Yellow fever
- HIV
- Anaphylactic reaction to eggs (MMR, Influenza and Yellow Fever)
- Within 3 months of BCG or 3 weeks of Yellow Fever.

Vaccine	Dates of previous imms (1st)	Dates of previous imms (Bs)	Imms rec. now and timing	Date given	Given by:	Cost/paid
Polio						
Tetanus						
Diphtheria						
BCG						
Typhoid						
Hep A						
Hep B						
Meningitis						
Japanese Encephalitis						
Rabies						
Yellow Fever						
Any Others						

Chemotherapy against Malaria: Tick as appropriate:

Mefloquine (Larium)

Other Chemotherapy

Proguanil

None necessary

Chloroquine

Larium contraindicated if history of severe psychiatric disorder or convulsions or pregnancy.
 Paludrine contraindicated in severe renal failure. Nevaquine contraindicated in pregnancy.

Preventative advice

- 1: Avoiding mosquito bites.
- 2: Continue chemoprophylaxis for 4 weeks after return.
- 3: Avoid contaminated food and water.
- 4: AIDS (Travel packs).
- 5: Rabies.
- 6: Sunburn.
- 7: Altitude sickness if sleeping above 3000 metres.