

TRAVEL HEALTH QUESTIONNAIRE

- Please complete this form and bring it with you to your first appointment for travel health advice
- Where possible make an appointment at least 8 weeks before your departure
- A form should be completed for each person that will be travelling

Name: **Age:** **GP:**

Address:

1. Can you list the countries to be visited, including any stopovers? (Stopovers should include short stay in airport terminals)

Date of Departure	Country	Cities	Rural Region	The Coast	Length of Stay
		Please tick those areas of a country to be visited			

2. Will you be travelling to your destination by: (Please tick all those that apply)

Aeroplane		Boat		Train	
Train		Bus		Other	

If 'Other' please give details:.....

3. What type of transport do you expect to use while abroad? Eg local buses, car hire, renting mopeds or bicycles

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4. Where do you intend to stay while abroad? Eg International/budget hotels, guesthouses, camping or with relatives/friends

.....

5. What is the purpose of your travel? Tick all those that apply

Holiday	
Visiting friends relatives	
Work (what type of work)	
Other (please give details)	

6. Are you planning/anticipating doing any sporting activities? If yes, please list.

.....

7. Have you had any of the following? Please tick all those that apply.

Heart problems	
Splenectomy	
Breathing problems	
High blood pressure	

Allergies	
Severe back problems	
Diabetes	
Asthma	

Please give details of any other medical problems:

.....

8. Have you recently had any illness, surgery or dental treatment? If so, please give details

.....

9. Are you pregnant?

Yes	
No	

10. Do you take any tablets or other medication? If yes, please give details

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11. Do you:

	Yes	No
Smoke		
Drink alcohol		

12. Please tick the following vaccinations that you have been given and the dates you had them. If you cannot remember the exact date, just put in the nearest month/year. Please add other vaccination details to the list and note those you are unsure about.

Vaccination	✓	Date Given
Polio		
Tetanus		
Diphtheria		
BCG		
Japanese B Encephalitis		
Typhoid		
Yellow fever		
Meningitis A & C		
Rabies		
Tick-borne Encephalitis		
Hepatitis A		
Hepatitis A Ig		
Hepatitis B		
Hepatitis A & B		

THANK YOU FOR COMPLETING THIS FORM
 Remember to return this form to your practice nurse and make an appointment for travel health advice as soon as possible.