

# BILLINGHAY MEDICAL PRACTICE

## TRAVEL QUESTIONNAIRE

**Note:** It is your responsibility to ensure that all vaccinations are completed at least **TWO** months prior to travel. Failure to do so could mean vaccinations do not provide protection and travel insurance is invalid should you become ill. In addition, you may require some vaccinations that are unavailable at the surgery. In those circumstances, you will be advised to attend a travel clinic.

*It is also your responsibility to check that any medications you require while travelling overseas are permitted in that country.*

PERSONAL DETAILS	
Name:	Date of Birth:
Address:	
Contact:	
Mobile:	

Dates of Travel				
Departure Date:	Return Date:	Duration:		
<b>Itinerary</b>				
Country	Location within country	Length of stay	Away from medical help?	Urban/Rural
1.				
2.				
3.				
4.				
5.				
<b>Please tick below as appropriate</b>				
1.Holiday type:	Business/Work ( )	Holiday ( )		
2.Holiday Type:	Package ( )	Self Organised ( )	Backpacking ( )	
	Camping ( )	Cruise Ship ( )	Trekking ( )	
3.Accommodation:	Hotel ( )	Relatives Home ( )	Other ( )	
Please specify:				
4.Planned Activities:	Safari( )	Adventure ( )	Other ( )	
Please specify:				
<b>Personal Medical History</b>				
Do you have recent or past medical history of note? (inc diabetes , heart, lung conditions etc...)				
List any repeat medication (continue on separate sheet if necessary)				
Do you have any allergies?				

<b>Personal Medical History Continued</b>
Do you have a history of mental illness or anxiety?
Have you undergone radiotherapy, chemotherapy or steroid therapy?
Women only: Are you pregnant or planning to become pregnant?
Any other relevant information?

I declare that all information given is correct and I give consent for this information to be used as part of a risk assessment.

Signed:

Date:

If questionnaire for child under 16 years of age, a parent must complete and sign.

**IMPORTANT NOTE: Failure to give sufficient time prior to travel (TWO MONTHS) may require you to attend a travel clinic for vaccinations. The closest to Billingham Medical Practice is located in Lincoln/Sleaford. They can be contacted on 01522 542304 or 01529 302057**

## **OFFICIAL USE ONLY**

(For Practice Nurse to complete only)

VACCINATION	DATE PREVIOUSLY GIVEN	REQUIRED (Y/N)
Tetanus		
Polio		
Diphtheria		
Hepatitis A		
Typhoid		
Cholera		
Other		

<b>Malaria Tablets Required?</b>
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<b>Official comments:</b>
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