

HAXBY GROUP PRACTICE

TRAVEL QUESTIONNAIRE – GOING AWAY ON HOLIDAY OR BUSINESS

PRIVATE AND CONFIDENTIAL

To help us advise you on the protection you need, please complete this form at least **eight weeks** before you travel and **RETURN TO SURGERY.**

NAME

ADDRESS

DATE OF BIRTH

MOBILE TEL

HOME TEL

WORK TEL

Email

Do you consent to a message being left on your answer machine YES/NO

Please complete details below. There may be a charge for some vaccines and malaria tablets.

IF TRAVELLING WITHIN TWO WEEKS PLEASE MAKE AN APPOINTMENT NOW

COUNTRIES TO BE VISITED (with dates, including stopovers):

Country (Include area if known)	Date of arrival	Date of Departure	Type of Accomodation eg Hotel,Camping,Backpacking

Please list any long-term medical conditions:

Have you suffered from depression or anxiety requiring medication?

Please state any known allergies

Any severe reaction to previous vaccinations?

Are taking the contraceptive pill, pregnant or planning a pregnancy in the next three months?

PRACTICE USE ONLY

IMMUNISATIONS RECOMMENDED:

Patient informed by:.....

On.....

Phone Call/Message left on answer machine/ E-mail