

King Street Surgery
Travel Vaccination Pre-Travel Questionnaire

Name		Surname	
Date of Birth		Gender	Male Female , Other :
Mobile Number		E-mail	
Date of Departure		Duration of Trip	
Country/Countries to be Visited		Exact Location/ Urban/Rural/Both	
Type of Travel / Purpose of Trip			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Backpacking	<input type="checkbox"/> Cruise Ship	<input type="checkbox"/> Pilgrimage
<input type="checkbox"/> Safari	<input type="checkbox"/> Business	<input type="checkbox"/> Camping/Hostel	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Visiting friends/family	<input type="checkbox"/> Any additional information:		
<input type="checkbox"/> Healthcare Worker			
Who are you Travelling with	<input type="checkbox"/> With Family/Friends	<input type="checkbox"/> Alone	<input type="checkbox"/> In a group
Are you currently taking any medications, including contraception? <input type="checkbox"/> Yes, <input type="checkbox"/> No If Yes, Please provide details.			
Do you have any current health conditions? <input type="checkbox"/> Yes, <input type="checkbox"/> No. If Yes, Please provide details.			
Are you currently taking a short course of medication such as antibiotics? <input type="checkbox"/> Yes, <input type="checkbox"/> No If Yes, Please provide details.			
Do you have any allergies? <input type="checkbox"/> Yes, <input type="checkbox"/> No If Yes, Please provide details.			
Have you ever had a reaction to a vaccine or malaria tablet in the past? <input type="checkbox"/> Yes, <input type="checkbox"/> No If Yes, Please tell us which vaccine or brand of malaria tablets (if you remember)			
Previous travel vaccinations you have received – please list any that you remember having:			
Are you pregnant <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> NA, If yes , How many weeks : planning pregnancy <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> NA or breastfeeding? <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> NA			
Anything else you feel might be relevant:			
<p>Note: As stipulated on our website, this form has to be completed 8 weeks prior to the date of travel otherwise we cannot carry out the assessment. Please allow 14 days after completing this questionnaire before contacting the surgery if we have not contacted your first.</p> <p>For further travel advice you can look up https://travelhealthpro.org.uk/countries https://www.fitfortravel.nhs.uk/destinations</p>			
Date of submission		Date received at the practice	