

TRAVEL VACCINATION QUESTIONNAIRE

Please complete this form and return it to the receptionist. Please wait for 48 hours then contact the surgery for further information/vaccines etc					
NAME			DATE OF BIRTH		
ADDRESS					TEL
DESTINATIONS – COUNTRY AND RESORT (Include any stopovers on the journey) Please include the areas of the country you will be travelling to.					
REASON FOR TRAVEL <i>Holiday / Work</i>			LENGTH OF STAY		
DATE OF TRAVEL		TYPE OF ACCOMODATION (e.g. hotel, self catering, camping, backpacking, etc)			
PLEASE LIST ANY ALLERGIES			PLEASE LIST ALL REGULAR MEDICATION		
Are you pregnant or might you be before you travel? Yes / No					
PREVIOUS INJECTIONS (Ask for help if you need it. State if you have had any previous adverse reactions)					
INJECTION	Yes / No	Date	INJECTION	Yes / No	Date
Tetanus			Hepatitis A		
Polio			Hepatitis B		
Rabies			Cholera		
Yellow fever			Meningitis A/C		
Tuberculosis			Malaria		
Typhoid					
Have you had a blood test for Hepatitis A or B? Yes / No					
Patient signature			Date		Continue on next sheet

Please add any additional information below or on the continuation sheet:

Continuation Sheet for additional information: