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## TRAVEL HEALTH QUESTIONNAIRE

**Please complete and return this form 6 - 8 weeks prior to travel and hand it in to our Reception desk.** On returning your form you will be given a Travel Telephone Consultation appointment with the Practice Nurse to discuss which vaccines are needed. The nurse will then arrange the required prescriptions and give you the date and time of your Travel Clinic appointment, where you will attend the practice to have your vaccines administered.

We run a travel clinic as a service for our patients. The nurses running the clinic have had special training in the area of Travel Health and will be able to provide up-to-date information, hand-outs and a travel vaccination record. They can also provide approximate costs of privately prescribed vaccines and anti-malarials.

There are some travel vaccinations issued on an NHS prescription. These include Hepatitis A, Typhoid, Polio, Tetanus and Diphtheria.

If you need other vaccinations or malaria tablets you will be required to pay the full cost of these to the pharmacist. You will also be required to pay the practice a private prescription fee of £15 per item and our administration fee of £50 per person. (Children travelling with a paying adult will be exempted from the administration fee). If Yellow Fever vaccination is required an additional fee of £70 will be charged.

The travel clinic appointments are held on Thursday afternoon between 2.00pm and 4:10pm.

**Please look at [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk) prior to your telephone consultation.**

### 1. Contact information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Day tel no. \_\_\_\_\_ Eve tel no. \_\_\_\_\_ Mobile \_\_\_\_\_

Date of holiday \_\_\_\_\_ Length of stay \_\_\_\_\_

Destination(s) - **please be specific** \_\_\_\_\_

### 2. Type of trip - Tick all boxes that apply

Business  Backpacking  Other - please specify \_\_\_\_\_  
Hotel  Safari Camping  \_\_\_\_\_

### 3. Please supply details of the following

Previous immunisations and dates

Current medication

Previous or current Steroid, anti-cancer therapy or immunosuppressant medication

Current or planned pregnancy, breast feeding

Previous adverse reaction to vaccinations or anti-malarial drugs – please specify

Allergy to any medicines

Allergy to eggs

Previous faints, seizures, fits or epilepsy, history of mental illness including depression.

Any long-standing or present health problems

OFFICE USE: Telephone appointment date:        /        /