

TRAVEL VACCINATION QUESTIONNAIRE

Please complete this form and return it to the receptionist.

NAME		DATE OF BIRTH			
ADDRESS					
TEL					
DESTINATIONS – COUNTRY AND RESORT (Include any stopovers on the journey)					
DEPARTURE DATE		LENGTH OF STAY			
DOES YOUR TRIP INCLUDE: Coastal Areas Yes/No Inland Areas Yes/No Jungle Exploration Yes/No	TYPE OF ACCOMODATION (e.g. hotel, self catering, camping, backpacking, etc)				
<i>Do you have any MEDICAL CONDITIONS?</i>		<i>Please list all REGULAR MEDICATION</i>			
Are you pregnant or might you be before you travel? Yes / No					
<i>Have you had any PREVIOUS TRAVEL VACCINATIONS</i>					
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	

PLEASE NOTE THERE MAY BE A CHARGE FOR SOME VACCINATIONS AND PRIVATE PRESCRIPTIONS

NURSE USE ONLY

Vaccinations already given and date:

Vaccinations needed:

Antimicrobials needed:

Typhoid Printout/Information Provided YES/NO