

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 ACCOMMODATION: (e.g. hotel, self catering, camping, backpacking etc)		
Do you have any MEDICAL CONDITIONS ?			Please list all REGULAR MEDICATION		
Are you pregnant or might you be before you travel? YES / NO					
Have you had any PREVIOUS TRAVEL VACCINATIONS ?					
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:

Antimalarials needed:

TRavax Printout / Information Provided:

YES / NO