

TRAVEL CLINIC QUESTIONNAIRE

Please return this form to the practice as soon as possible or bring it to your appointment.

Today's date: _____

NAME	DATE OF BIRTH
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Where are you travelling to? (please list all countries)

Date of Departure

Date of return/length of trip

What sort of trip are you going on? e.g. backpacking, working, pilgrimage, visiting family, beach/hotel holiday etc.

IMMUNISATIONS

When was the last time you had a Tetanus and/or Polio vaccination?

Please list any other immunisations in the past ten years

MALARIA PROPHYLAXIS

Have you taken antimalarial tablets before? (If so, please tell us which)

Did you experience any side effects? (If so, please tell us what happened)

OTHER INFORMATION

Are you allergic to any food or drugs? (if so, please tell us which)

Are you pregnant, or planning to be? (Some immunisations and antimalarial tablets are not recommended during pregnancy)

Do you have a current illness? (If so, please tell us about this)