CHERITON BISHOP & TEIGN VALLEY PRACTICE

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CHERITON BISHOP & TEIGN VALLEY PRACTICE

TRAVEL QUESTIONNAIRE

Name: ..... Date of Birth: .....

Sex: Male □ Female □

Destination(s): .....

Trip Date: .....

Type of Trip: □ Package □ Backpacking □ Trekking

□ Camping □ Cruise Ship □ Other

Accommodation: □ Hotel □ Friends/family □ Other

Are you taking STEROIDS? □ Yes □ No

Are you taking ANTI-CANCER DRUGS? □ Yes □ No

List all your current medications (including oral contraception): .....

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List all allergies that you may have (e.g. nuts, eggs, and antibiotics): .....

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Are you PREGNANT? □ Yes □ No

If you have had a serious reaction to a vaccine in the past, which vaccine was it?

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Does having an injection cause you to feel faint? □ Yes □ No

Do you have any history of mental illness including depression or anxiety? □ Yes □ No

Have you recently undergone radiotherapy, chemotherapy or steroid treatment? □ Yes □ No

Please detail any further relevant information: .....

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If needing MALARIA PROTECTION:

Have you any history of fits? □ Yes □ No

Have you any history of depression? □ Yes □ No

Vaccination History

Have you ever had any of the following vaccinations/tablets and if so, when?

Tetanus	□ Yes _____		Polio	□ Yes _____	
Diphtheria	□ Yes _____		Typhoid	□ Yes _____	
Hepatitis A	□ Yes _____		Hepatitis B	□ Yes _____	
Meningitis	□ Yes _____		Yellow Fever	□ Yes _____	
Influenza	□ Yes _____		Rabies	□ Yes _____	
Jap B Enceph	□ Yes _____		Tick Borne	□ Yes _____	
Malaria Tablets	□ Yes _____		Other	□ Yes _____	