SUNNYSIDE MEDICAL CENTRE TRAVEL HEALTH QUESTIONNAIRE

Pre-Travel Clinic Record

SECTION ONE - TO BE COMPLETED BY PATIENT

Name:	DOB:	Sex: Male ☐ Female ☐
Address:	GP: GP Address:	
Postcode:	Postcode:	
Tel No.	Tel No.	
Current Health Problems:	Past Medical History of note? Or currently undergoing chemotherapy/ radiotherapy/ steriod treatment?:	
Current Medication:	Allergies (e.g. eggs, antibiotics, nuts,latex):	
Have you ever had a serious reaction to a vaccine given to you before? Yes ☐ No ☐	Pregnancy? Yes ☐ No ☐ No. of weeks: N/A ☐	

TRAVEL DETAILS: (in order first to last) Date of Departure: Total duration:

Destination	***Length of Stay***

Type of trip (please tick all that apply)			**Areas Visiting**	**Accommodation**
☐ Travelling with Family	☐ Travelling with Friends	☐ Travelling Alone	☐ Urban	☐ Good
☐ Package Holiday	☐ Immigration	☐ Voluntary/ Charity Work	☐ Rural	☐ Basic
☐ Cruise	☐ Organised Adventure	☐ Elective/ Student	☐ Altitude	☐ Poor
☐ Business <3 Months	☐ Backpacking	☐ Aid Worker	☐ Beach	☐ Not Known
☐ Business >3 Months	☐ Visiting family/friends	☐ Self Organised		

Occupation/Activities Abroad:

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

Tetanus ☐		Meningitis ☐		Hepatitis A ☐	
Polio ☐		Yellow Fever ☐		Hepatitis B ☐	
Diphtheria ☐		Influenza ☐		Jab B Enceph ☐	
Typhoid ☐		Rabies ☐		Tick Borne ☐	

Other:

Malaria Tablets:

PLEASE NOTE: Some Vaccines/Malaria Tablets are not covered by the NHS and will incur a charge; this will be discussed before the vaccines are given. There may be a charge for private patients.

PLEASE BRING THE COMPLETED QUESTIONNAIRE TO YOUR APPOINTMENT WITH THE TRAVEL NURSE.

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SECTION TWO - TO BE COMPLETED BY HEALTHCARE PROFESSIONAL

Patient Name:	
Patient Advised of Possible Private Charge? Yes ☐	No ☐
Travel Risk Assessment Performed Yes ☐	No ☐
'I Consent to the Vaccinations being Given' Patient Signature:	

Travel vaccines recommended for this trip ***Possible private cost, not covered by NHS***

Disease Protection	Yes	No	Patient Declined	Further Information/ Schedule
Hepatitis A	☐	☐	☐	
Hepatitis B*	☐	☐	☐	
Typhoid	☐	☐	☐	
Cholera	☐	☐	☐	
Tetanus	☐	☐	☐	
Diphtheria	☐	☐	☐	
Polio	☐	☐	☐	
MMR (Measles, Mumps, Rubella)*	☐	☐	☐	
Meningitis ACWY*	☐	☐	☐	
Yellow Fever*	☐	☐	☐	
Rabies*	☐	☐	☐	
Japanese B Encephalitis*	☐	☐	☐	
Other	☐	☐	☐	

Malaria Prevention advice and malaria chemoprophylaxis*

Chloroquine and proguanil		Atovaquone + Proguanil	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	

Travel Advice/ Risks Discussed/ Leaflets given

Advice/Risk	Yes	No	N/A	Advice/Risk	Yes	No	N/A
Bite Avoidance	☐	☐	☐	Schistosomiasis	☐	☐	☐
Food/Water Hygiene	☐	☐	☐	Insurance/Accidents	☐	☐	☐
Blood Borne Viruses	☐	☐	☐	Sun Protection	☐	☐	☐
Rabies	☐	☐	☐	Air Travel	☐	☐	☐
Traveler's Diarrhoea	☐	☐	☐	Bodily Fluid Infections	☐	☐	☐

Other (Please Specify)

Further Information

Completed By:	Date: