



Broomhill & Lodge Moor SURGERIES

Travel Health Questionnaire

Travel Vaccinations need to be administered 6 WEEKS BEFORE travel.
It's VITAL that you complete this form as accurately as possible and return it to reception AT
LEAST 2 WEEKS BEFORE your appointment - failure to do so may result in vaccinations
being delayed.

If travelling WITHIN 2 WEEKS you will need to attend a PRIVATE TRAVEL CLINIC.

We are NOT able to give advice on COVID travel guidelines.

DATE OF APPOINTMENT: _____ SITE: BH / LM

DATE FORM ISSUED: _____

DATE FORM TO BE BACK BY: _____
(2 weeks before appointment date)

Personal details

Name: _____ Date of Birth: _____ Male/Female

Contact telephone number: _____ Email: _____

Dates of Trip

Date of Departure: _____ Return date or length of trip: _____

Itinerary and purpose of visit

Country to be visited	Length of stay	How close to medical help at destination / remote?
1.		
2.		
3.		
For world travel attach itinerary		

Please tick as appropriate below to best describe your trip

1. Type of trip	Business		Pleasure		Other	
2. Holiday type	Package		Self organised		Backpacking	
	Camping		Cruise ship		Trekking	
3. Accommodation	Hotel		Family home		Other	
4. Travelling	Alone		With family/friend		In a group	
5. Staying in area which is	Urban		Rural		Altitude	
6. Planned activities	Safari		Adventure		Other	

Personal medical history	
Do you have any recent or past medical history of note (including diabetes, heart or lung condition, thyroid disease)?	
List any current or repeat medications	
Do you have any allergies e.g. to eggs, antibiotics, nuts or latex?	
Have you ever had a serious reaction to a vaccine given to you before?	
Do you or any close family members have epilepsy?	
Do you have any history of mental illness including depression or anxiety?	
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?	
Do you drink?	How many units per week?
<i>The NHS recommendation of maximum weekly alcohol intake is up to 14 units for a female and up to 21 units for a male. If you feel that your alcohol intake is in excess of this on a regular basis, the nurse would be happy to discuss this with you further and provide help and support. Please make a separate appointment.</i>	
Have you ever smoked?	
Are you an ex-smoker?	(amount previously smoked daily year of quitting)
Are you a current smoker ?	(amount smoked daily)
<i>As a practice we would like to strongly encourage you and help support you to stop smoking. Smoking causes many long term health problems including heart disease, stroke, cancer and lung disease. We encourage you to make a separate appointment with the nurse to discuss quitting.</i>	
Women only: Are you pregnant or planning pregnancy or breast feeding?	

Please write below any further information which may be relevant
--

Vaccination history					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis / ACWY		Yellow Fever		Influenza	
Rabies		Jap. B Enceph.		Tick Borne	
Other					
Malaria tablets					

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: _____

Date: _____

FOR OFFICIAL USE

Patient Name: _____

Travel risk assessment performed: Yes / No

Travel vaccines recommended for this trip

Disease protection	Yes	No	Patient declined vaccine	Further information
Hepatitis A				
Hepatitis B				
Typhoid				
Cholera				
Tetanus				
Diphtheria				
Polio				
Meningitis / ACWY				
Yellow Fever				
Japanese B Encephalitis				
Rabies				
Other				

Travel advice and leaflets given as per travel protocol

Food water and personal hygiene advice		Travellers' diarrhoea		Hepatitis B & HIV	
Insect bite prevention		Animal bites			
Insurance		Air travel / DVT		Sun & heat protection	
Websites		Travel record card supplied			
		Other			

Malaria prevention advice and malaria chemoprophylaxis

Chloroquine and proguanil		Atovaquone + proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	

Further information

e.g. weight of child

Recommended Immunisations

Signed by: _____ Position: _____ Date: _____

After completion scan form into patient's record on the computer for evidence of best practice.