GIGGS HILL SURGERY – TRAVEL QUESTIONNAIRE

Please complete this form if you are intending to travel abroad and hand it to the Receptionist at least **6 weeks** before the date of departure. Allow **48 hours** for the completed form to be processed by one of the Practice Nurses and then ring the surgery for details of the immunisations required, appointments and prescriptions (if needed). Please continue details overleaf if required

Name:	Date of Birth:	Today's date:
Address:		
Contact Number:	Weight (for calculation of vaccine):	

Which countries are you visiting?
(Include brief stopovers)

Departure Date: Duration of stay:

Where will you be staying: Hotels □ Self-Catering □ Camp-sites □ Primitive Conditions □
Other, Please state ……

Does your journey include: Coastal Areas □ Inland □

Are you planning any safaris, jungle exploring or travel in difficult terrains? Yes □ / No □

Are you Pregnant □ Or breast feeding □

Are you Allergic to anything?

List any regular medications?

Has your travel company advised any particular immunisations?

Have you had any of the following immunisations and if so please state month/year?

Tetanus □ …… Typhoid □…… Polio □ ……
Yellow Fever □…… Mengitis C □……
Hepatitis A □…… If Hep A Gamma Glob □ Adult Havrix □ Junior Havrix □

As tetanus is no longer boosted every 10 years advise the dates of the following childhood/primary courses you have had:

Diptheria 1st …… 2nd …… 3rd …… Booster …… Booster……
Tetanus 1st …… 2nd …… 3rd …… Booster …… Booster……
Polio 1st …… 2nd …… 3rd …… Booster …… Booster……
BCG 1st ……

For Surgery Use:

It is recommended that the patient has: **Patients Appointment: ……**

Immunisations Required	**Prescription**	**Cost**	**Prescription issued and to be collected from**
	YES/NO	YES/NO	
	YES/NO	YES/NO	
	YES/NO	YES/NO	
	YES/NO	YES/NO	
	YES/NO	YES/NO	
	YES/NO	YES/NO	