

<b>GIGGS HILL SURGERY – TRAVEL QUESTIONNAIRE</b>	<b>Date:</b>
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**Please complete this two-page questionnaire and hand it to the Surgery Receptionist SIX weeks before travel.** The Nurse will review your form and identify any vaccination requirements. Please allow 48 hours between handing in your form and telephoning the Surgery to make any necessary appointments.

**PERSONAL DETAILS**

Surname:		Date of Birth:	
Forename(s):		Contact Number:	
Weight (for vaccine purposes):	Height (for vaccine purposes):		

**TRAVEL PLANS** (please circle the options which best describe your trip)

**Departure Date:**

Reason for Travel:	Business / Pleasure / Other		
Travel Type:	Package / Self Organised / Backpacking / Camping / Cruise Ship / Trekking		
Accommodation:	Hotel / Relative or Family Home / Other		
Travelling:	Alone / With Family or Friend / In a Group		
Staying in an area which is:	Urban / Rural	At altitude	
Planned Activities:	Safari / Adventure / Other		
Countries to be visited:	Nearest Medical Help in km:	Length of stay:	Have you taken Health Insurance / have E111
			YES/NO
			YES/NO
			YES/NO
			YES/NO

**PERSONAL MEDICAL HISTORY**

Do you have any recent or past medical history of note? (including diabetes, heart conditions)

List any current and repeat medications:

Do you have any allergies? If yes; list allergies.

Have you ever had a serious reaction to a vaccine given to you before?

Does having an injection make you feel faint?

Do you or any close family members have epilepsy?

Do you have any history of any mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

**Women only:**

Are you pregnant, planning pregnancy or breast feeding?

Are you wanting to postpone your period?

Please write any further relevant information here:

<b>VACCINATION HISTORY</b> (please give dates of any previous vaccinations or malaria tablets taken)				
Tetanus		Polio		Diphtheria
Typhoid		Hepatitis A		Hepatitis B
Meningitis		Yellow Fever		Influenza
Rabies		Jap B Enceph		Tick Bourne
Other:				
Malaria tablets (specify):				

For discussion at appointment with Nurse:

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: \_\_\_\_\_

<b>FOR SURGERY USE</b>			
<b>Travel Vaccines Recommended for this Trip:</b>			
Disease Protection	YES	NO	Comments & Cost (inclusive of vaccine & administration)
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Polio			
Diphtheria			
Yellow Fever			
Rabies			
Meningitis ACWY			
Japanese B Encephalitis			
Malaria Prescription Fee			
Other			
<b>Total Cost:</b>	<b>£</b>		
<b>Instructions for Reception</b> The patient will require the following appointments:	1 <sup>st</sup> : 10 / 20 mins 2 <sup>nd</sup> : 10 / 20 mins approx ..... weeks / months after 1 <sup>st</sup> appt Other:		
<b>Travel Advice Leaflets Given:</b>			
Food, water and personal hygiene advice		Travellers' diarrhoea	
Hepatitis B & HIV		Insect bite prevention	
Animal bites		Accidents	
Insurance		Air Travel	
Sun & heat protection			
Websites: <a href="http://www.fitfortravel.scot.nhs.uk">http://www.fitfortravel.scot.nhs.uk</a> . <a href="http://www.fco.gov.uk">http://www.fco.gov.uk</a>			
Travel Record Card Supplied		Other:	
<b>MALARIA PREVENTION</b>			
Chloroquine & Proguanil		Atovaquone & Proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria Advice Leaflet given	
Prescription issued			
<b>COMPLETED</b>			
Signed:		Date:	
Position:	<b>PLACE IN SCANNING BASKET WHEN COMPLETED</b>		