

# ROSEMARY MEDICAL CENTRE

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## PRE-TRAVEL QUESTIONNAIRE

Please complete and return this questionnaire prior to your travel clinic appointment with the Practice Nurse. The details given on the form will assist the Nurse in planning the relevant vaccinations and advice that will be required prior to your forthcoming trip. **Please allow enough time for a course of vaccinations to be given, remembering that your body needs time to react to the vaccine, so please ask for an appointment well in advance of your travel dates. Late presenters may be unable to start/complete the necessary course of vaccinations.**

**\*Some vaccines may need to be ordered and paid for in advance. Rosemary Medical Centre IS NOT a registered Yellow Fever Vaccination Clinic**

**Name:**

**D.O.B:**

**Contact telephone number:**

**Date of departure:**

**Date of return:**

Name of country to be visited <b>*please give details of all areas to be visited in each country</b>	Duration of time in country	Purpose of trip <b>*please give details of any planned activities, plastic surgery etc</b>	Type of accommodation  <b><u>Women only:</u></b> Are you pregnant, planning pregnancy or breastfeeding? YE
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			<p>S/NO (delete as appropriate)</p> <p>Do you have a severe latex allergy YES/NO (delete as appropriate)</p> <p><b>Useful websites to view prior to travel appt with practice nurse:</b></p> <p><a href="http://www.8weekstogo.co.uk">www.8weekstogo.co.uk</a></p> <p><a href="http://www.malariahotspots.co.uk">www.malariahotspots.co.uk</a></p> <p><a href="http://www.fitfortravel.nhs.uk">www.fitfortravel.nhs.uk</a></p> <p><a href="http://www.nathnac.org">www.nathnac.org</a></p> <p>-</p> <p><b><u>For practice nurse to complete prior to travel appt:</u></b></p> <p>Risk assessment completed with <a href="http://www.travax.nhs.uk">www.travax.nhs.uk</a>, this patient potentially requires the following vaccinations prior to travelling abroad to the destinations listed on page 1.</p>
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			<p>Hepatitis A Schedule 0,6/12 months  <b>Yes/No</b> Typhoid <b>Yes/No</b> Dip/Tetanus/Polio <b>Yes/No</b>  Hepatitis B Schedule 0,1 and 6 months <b>Yes/No</b>  Schedule 0,1,2 and 12 months <b>Yes/No</b>  Schedule 0,7,21 days and 12 months  <b>Yes/No</b> Combined Hep A/Hep B  Schedule 0,1 and 6 months <b>Yes/No</b>  Schedule 0,7,21 days and 12 months  <b>Yes/No</b> Rabies Schedule 0,7 and 28 days  <b>Yes/No</b> Combined Hep A/Typhoid <b>Yes/No</b>  Details of any further vaccination required, i.e. Japanese Encephalitis/Meningitis ACWY</p> <p>.....  .....  .....  .....</p> <p>Approved by GP prior to travel appt:  Signature.....  .....  Date.....</p>
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