

Travel clinic questionnaire for Albrighton medical practice.

Personal Details

Name: _____ Male/female: _____
Date of Birth: _____
Daytime Tel: _____ Email: _____

Dates of Trip

Departure Date: _____
Duration: _____

Itinerary and Purpose of Visit

| | Country | Duration of Stay | Availability of Medical Help (i) |
|---|---------|------------------|----------------------------------|
| 1 | | | |
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| 2 | | | |
| . | | | |
| 3 | | | |
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| 4 | | | |
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| 5 | | | |
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Trip Description - please tick all appropriate boxes:

| | | | |
|-------------------------|----------|--------------------|--------------|
| Purpose of Trip: | Business | Pleasure | Other |
| Type of Trip: | Package | Self-Organised | Backpacking |
| | Camping | Cruise Ship | Trekking |
| Accommodation: | Hotel | Friends/Family | Other |
| Travelling: | Alone | With Friend/Family | In a Group |
| Location Type: | Urban | Rural | Altitude (i) |
| Activity Type: | Safari | Adventure | Other |

Personal Medical History

List all chronic medical conditions that you have (eg. diabetes, heart or lung conditions)

List all allergies that you have (eg. eggs, nuts, antibiotics)

If you have had a serious reaction to a vaccine in the past, which vaccine was it?

List all of your current medications (including oral contraception)

Have you recently suffered from any infection (e.g heavy cold, flu or high temperature)?

Does having an injection cause you to feel faint?

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?

Have you taken out travel insurance?

If you have a medical condition, have you told your insurance company about it?

Are you pregnant, planning pregnancy or breast feeding?

Write below any further information that might be relevant

Vaccination History

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

Tetanus

Diphtheria

Hepatitis A

Polio

Typhoid

Hepatitis B

Meningitis

Influenza

Jap B Enceph

Malaria Tablets

Yellow Fever

Rabies

Tick Borne

Other