

SKERRYVORE PATIENT TRAVEL QUESTIONNAIRE

Going abroad on holiday or business? You may need travel vaccinations depending on the country or countries you intend to visit.

To help us advise you on the protection you need, please complete the following questions.

The practice nurse will then contact you by telephone or letter and advise you of what vaccines you require, when to collect your prescription and ask you to arrange an appointment for administration of your vaccines.

When you have completed this questionnaire return it to us as soon as possible to the practice.

Please note one form per traveller

Name _____

Address _____

Telephone number _____

Date of birth _____

1. Which countries, in sequence, do you intend to visit? (Include stopovers and **be specific about the areas you are visiting**)

2. Will you be staying in hotels or in more basic accommodation?

3. Are you visiting friends or relative?

4. Do you plan any safaris, jungle exploration or travel in difficult terrain?

5. Departure date

6. Duration of stay

7. Have you ever had any of the following vaccinations and if so when?

BCG	<input type="checkbox"/>	Tick borne encephalitis	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	Typhoid	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	Yellow fever	<input type="checkbox"/>
Japanese encephalitis	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>

Childhood vaccinations including polio and diphtheria

8. Are you allergic to anything?

9. Are you taking any medication?

10. Do you suffer from a chronic illness such as heart disease, asthma or diabetes?

11. Are you pregnant, breast feeding or immunosuppressed?

Please refer to the fit for travel website for further advice

www.fitfortravel.nhs.uk

This information in this leaflet is in no way intended to replace the professional medical care, advice, diagnosis or treatment by a doctor. If you notice medical symptoms or feel ill you should consult your doctor.

For Practice Use

Vaccine	Previous Vaccinations	Vaccinations Recommended	Cost	Declined by patient	Given By	Date
BCG			NHS			
Revaxis(Dip/Tet/Polio)			NHS			
Hepatitis A			NHS			
Hepatitis B			NHS			
Influenza			NHS			
Japanese Encephalitis			Private			
Meningococcal ACWY			NHS			
Rabies			Private			
Tick borne encephalitis			Private			
Typhoid(oral)			NHS			
Typhoid polysaccharide			NHS			
Yellow fever (Not at SVP)			Private			
Anti-malarial prophylaxis (specify recommendation)			Private			

Patient consent

I have received and understood the advice given to me concerning:

- Travel vaccination recommendations
- General preventive measures – bite prevention, water purification and sexual health

I consent to the administration of the vaccinations outlined above.

Signature _____ Date _____