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.			
2.			
3.			
4.			
5.			

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

Diptheria

Hepatitis A

Polio

Typhoid

Hepatitis B

Meningitis	Yellow Fever
Influenza	Rabies
Jap B Enceph	Tick Borne
Malaria Tablets	Other