Banks and Bearwood Medical Practice
Travel Health Questionnaire

Name:	**Date of Birth:** **Male** ☐ **Female** ☐	
Contact Telephone Number:	**Women only: Are you pregnant, planning pregnancy or breast feeding?** Yes ☐ No ☐	
Date of Departure:	**Return Date or Length of Stay:**	
Country and Location to be visited 1. 2. 3.	**Length of Stay**	**Away from medical help at destination?** Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Do you plan to travel abroad again in the future?	Yes ☐ No ☐	

Please tick as appropriate, to best describe your trip.

Type of trip	Business	☐	Pleasure	☐	Other	☐
Accommodation	Hotel	☐	Relatives/family home	☐	Other	☐
Staying in area which is	Urban	☐	Rural	☐	Altitude	☐

Personal Medical History

Do you have any recent or past medical history of note (including diabetes, heart or lung conditions)?
Do you have any allergies, for example to eggs, antibiotics, nuts or latex?
Have you ever had a serious reaction to a vaccine given to you before?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?
Have you had any previous travel vaccines and / or malaria tablets? If yes, please bring details to your appointment.

For discussion when risk assessment is performed within your appointment.
I have no reason to think that I might be pregnant. I have received information on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: _____ **Date:** _____

For official use

Patient Name:

Travel Risk Assessment performed Yes ☐ No ☐

Travel Vaccines recommended for this trip

Disease Protection	Yes	No	Pt declined vaccine	Vaccine name, dose & schedule for PSD
Hepatitis A				
Hepatitis B				
Typhoid				
Cholera				
Tetanus				
Diphtheria				
Polio				
Meningitis ACWY				
Yellow Fever				
Rabies				
Japanese B Encephalitis				
Other				
Malaria Prophylaxis				

Authorisation for Patient Specific Direction (PSD) Use

Name: Signature: Date: