



## PRE-TRAVEL QUESTIONNAIRE

**NAME:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

You **must** submit a questionnaire at least 8 weeks\* before your departure date and a separate questionnaire must be completed for each person travelling (including children). \*If you are travelling at short notice you should speak to the Reception Staff who will advise if you can still be seen or need to make an appointment with a Private Travel Clinic.

Your form will be reviewed by a Nurse and you will be contacted to arrange an appointment. If your travel itinerary is complex and/or your overall length of travel will be more than 28 days you may be advised to book an appointment at a Private Travel Clinic where the advice given can be more specific and detailed to your individual needs.

### Private Travel Services:

Rothsay Surgery – Tel: 01234 271800 14 Rothsay Place, Bedford, MK40 3PX

Lomack Health Clinic – Tel: 01234 844030 162 Bedford Road, Kempston, MK42 8BH

If you do have to consult a Private Travel Clinic you may be able to have your non-chargeable vaccinations here at the surgery. These include: **Tetanus, Diphtheria, Polio, Hepatitis A and Typhoid**. Please check with Reception staff.

We are a registered **Yellow Fever** Centre so this vaccination can be given here (cost £40). (Only available to registered patients).

Our private vaccine charges are: -

**Hepatitis B** (£60 for 3, £20 single dose), **Rabies** (£90), **Meningitis** (£22)

Payment is required on the day you have your appointment and is by cash or cheque (with guarantee card) only. *We do not have the facility for credit card payment.*

Before attending for any travel appointment you are advised to seek information from both your travel operator and the online travel advice services: [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk) or [www.nathnac.org/travel](http://www.nathnac.org/travel)

**DATE OF DEPARTURE** .....

<b>Itinerary and purpose of visit</b>		
Country to be visited (specify area and cities) (please attach another sheet if necessary)	Length of stay	Holiday type: please state if Business or Leisure or Visiting Friends/Relatives
1.		
2.		

<b>Please tick as appropriate below to best describe your trip</b>					
1. Holiday type	Package		Self organised		Backpacking
2. Accommodation	Camping		Cruise ship		Trekking
	Hotel		Relatives/family home		Other
3. Travelling	Alone		With family/friend		In a group
4. Staying in area which is	Urban		Rural		Altitude
5. Planned activities	Safari		Adventure		Other

<b>Vaccination history</b>					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Japanese B Encephalitis		Tick Borne Encephalitis	
Other					
Malaria Tablets: Chloroquine / Proguanil / Mefloquine / Doxycycline / Atovaquone+Proguanil (Malarone)					

<p><b>Personal medical history:</b></p> <p>Have you now or ever had any of the following? Or is there any history in your family of:</p> <p>Heart problems    High Blood Pressure    Diabetes    Lung problems    Asthma    Spinal problems    Epilepsy</p> <p>Do you have any history of mental illness including depression or anxiety? YES/NO</p> <p>Have you recently undergone radiotherapy, chemotherapy or steroid treatment? YES/NO</p> <p>Have you had your spleen removed? YES/NO</p>
List any current or repeat medications:
Do you have any allergies to medication or food (e.g. eggs, antibiotics, nuts)?
Have you ever had a serious reaction to a vaccine given to you before?
<b>Women only:</b> Are you pregnant or planning pregnancy or breastfeeding?