BRIERLEY PARK MEDICAL CENTRE - TRAVEL QUESTIONNAIRE

Please complete this form and return to reception to book your travel appointment

Name: Date of Birth:

Address: Telephone - Home

Telephone - Mobile

e-mail: Telephone - Work

If travelling within next 3 weeks please inform reception who will book the next available nurse appointment

Please provide information about your trip:

Date of Departure: **Total length of trip:**

Country/Country's to be visited	Exact Location or region	City or Rural	Length of Stay

Accommodation - please tick	Hotel			Camping	
	Backpacking			Other (Please detail)	

Do you plan any safaris, jungle exploration etc.?	☐ Yes	☐ No
Have you recently suffered from any infection e.g. heavy cold/flu/high temperature?	☐ Yes	☐ No
Are you pregnant or planning a pregnancy?	☐ Yes	☐ No
Are you taking steroids?	☐ Yes	☐ No
Are you undergoing radiotherapy/immune suppressants?	☐ Yes	☐ No
Are you currently having any hospital investigations or treatment?	☐ Yes	☐ No
Are you or have you ever been treated for Depression or mental healthy issues?	☐ Yes	☐ No

Current Medication (including prescribed, over the counter, contraceptive pill)

Smoking Status							
Never Smoked		Ex-Smoker			Smoker		
		Date Stopped			New leaf leaflet given		

Any allergies - including eggs
Any known drugs or allergic reactions to medications (e.g. Malaria medication) or vaccines

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

Polio Yes/No Date

Tetanus Yes/No Date

Typhoid Yes/No Date

Hepatitis A Yes/No Date

Hepatitis B Yes/No Date

Yellow Fever Yes/No Date

Anti Malarial Tablets Yes/No If yes which ones - please detail

Signature: ……

Print Name: ……

Date: ……

Appt booked: _____/_____/_____

at: .....am/pm

with: .....

Taken by: …… Details updated on medical records by:

Date: …… .....